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THE IMPACT OF CHILDHOOD SEXUAL ABUSE ON ATTACHMENT STYLES IN YOUNG ADULTS

MANISHA MASSEY



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MANISHA MASSEY
COUNSELLING PSYCHOLOGIST

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At last, I would like to thank *RED'SHINE Publication, Pvt. Ltd.* for this keepsake, and my editorial team, technical team, designing team, promoting team, indexing team, authors and well wishers, who are promoting this journal. As well as I also thankful to *Indian Psychological Association* and President *Prof. Tarni Jee* for gives review team, I also thank you to all Indian Psychological Association members for support us. With these words, I conclude and promise that the standards policies will be maintained. We hope that the research featured here sets up many new milestones. I look forward to make this endeavour very meaningful.

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ABSTRACT

The aim of this paper was to understand the impact of childhood sexual abuse on the attachment styles across relationships (romantic partner, mother, father, best friend, general people) in the young adult survivors of the abuse. Experiences in Close Relationships- the Relationship Structures (ECR-RS) by Fraley et al, (2000) and Global General Attachment (2014), a widely used attachment inventory intended to assess two dimensions at the core attachment patterns: *anxiety* and *avoidance*, was administered on 51 female participants between the ages 18-25 years. This paper used The Four Category Model of Adult Attachment by Kim Bartholomew and Leonard M. Horowitz to thematically divide attachment patterns into four categories as secure, preoccupied, fearful, and dismissing styles. Results showed a dismissive style of attachment between the participants and their parents/parental figures, indicating high attachment-related avoidance, with average scores of 4.47 and 4.74 for attachment with mother and father, respectively.

Keywords: *Childhood Sexual Abuse, Attachment Styles, Attachment-Related Anxiety, Attachment-Related Avoidance*

INTRODUCTION

The mere citation of childhood sexual abuse is enough to send chills down one's spine. When we hear of it or think of it, we naturally think of the act being horrendous and unjust, and unless one has experienced it for themselves, it's absolutely impossible to even fathom how a victim may feel on being abused. It's harder, even, to quantify the lifelong consequences of childhood sexual abuse (CSA). According to the *1999 WHO Consultation on Child Abuse Prevention*, "Child sexual abuse is the involvement of a child in sexual activity that he or she does not entirely comprehend, is not able to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is substantiated by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or other unlawful sexual practices;
- the exploitative use of children in pornographic performance and materials".

Child sexual abuse is a sexual activity which is *not* consensual, where an individual (or more) use(s) coercion, while threatening and taking advantage of the child under the age of 18. In most cases, the victims and the offenders know each other. Sexual abuse can include many other forms of assaulting behaviors involving a sexual organ, including forceful contact between the mouth or hands/fingers and penis, scrotal sac, vulva, vagina or anus.

Coercion, with regard to sexual abuse, can cover a whole different degree of force. Apart from just physical force, it may also involve psychological pressure, blackmail or other threats which may, for example, include the threat of physical harm, of being told upon or exposed to friends or family members. It may also, in many instances, occur when a person is not in a condition to give consent – for instance, while intoxicated on alcohol, drugged, asleep, disabled or mentally incapable of understanding the situation, as in the case of most children who are unaware of the act and its consequences. There are many instances of child sexual abuse. For example, a child being touched inappropriately by an adult, a child being fondled in intimate parts (breasts, buttocks, or genitals) and kissed with sexual intent, abduction of a child by a multiple men and being gang raped, commercial sexual exploitation of children, oral-genital or oral-breast contact, frotteurism (rubbing against a non-consenting person to derive sexual satisfaction), child sexual abuse by father/brother, forcing the girl to masturbate, forcing the child to watch pornographic content, sexual abuse of a girl by her uncle, and sexual abuse of a disabled child who may not be able to fight back, amongst many other examples. Many past researches show that children who face sexual abuse go through numerous psychological issues, which may be psychotic or neurotic in nature, along with physical issues. Psychological issues include depression, anxiety, panic attack, posttraumatic stress disorder (PTSD), palpitation, fear, increased heart rate at reminder of the events, low self-esteem and confidence, self-harm and self-injurious behavior (cutting, burning, etc.), unhealthy relationship pattern or the inability to make and maintain relationships, and in a lot of cases, even suicidality.

Internal Working Model and Childhood Attachment

Attachment theory suggests "the propensity of human beings to make strong affectional bonds to particular others" (Bowlby, 1977). Bowlby hypothesized that an attachment structure evolves to sustain proximity between infants and their caretakers under situations of threat or danger. New or recent theories view the attachment structure or system as

functioning constantly to supply children with a sense of "*felt security*" that eases exploration by the child (Ainsworth, Blehar, Waters, & Wall, 1978; Sroufe & Waters, 1977). The eminence of early attachment relationships is therefore grounded in the extent to which the infant has come to rely on the caretaker or the attachment figure as a source of safety and security (Ainsworth et al., 1978).

Based on the infant's response to separation from and reunion with the attachment figure (caretaker) in a controlled laboratory set-up, Ainsworth recognized and classified three distinctive patterns of infant attachment, namely, *secure*, *anxious-resistant*, and *avoidant*. Children categorized as securely attached were receptive of their caretaker's return after a period of separation and, if distressed, sought proximity and could be readily comforted. Children categorized as anxious-resistant showed hesitant and ambivalent behavior toward caregivers and an inability to be comforted on reunion. Children classified as avoidant evaded proximity or contact with the caretaker on reunion. Continuity in infant attachment patterns seems to be interceded largely by continuity in the quality of primary attachment relationships (Lamb et. al., 1985). According to Bowlby, children, over time, internalize experiences with caretakers in such a way that early attachment relationships come to form an archetypal type for later relationships outside the family.

Attachment in Adulthood

Attachment is an affective connection that typically develops through interactions within relationships. These relationships provide a mental representation of the "self" in relation to "others" (Internal Working Model: IWM, Bowlby, 1969), which suggests how others will perceive and interact with an individual beyond early childhood.

John Bowlby and Mary Ainsworth founded modern attachment theory on studies of children and their caregivers. Children and caregivers remained the chief focal point of attachment theory for years. Then, in the late 1980s, Cindy Hazan and Phillip Shaver applied attachment theory to adult relationships. Hazan and Shaver observed that interactions between adults shared resemblance to interactions between children and caregivers. Of course, relationships between adults vary in many ways as of relationships between children and caregivers. The point is not that these two kinds of relationships are indistinguishable. The point is that the core principles of attachment theory apply to both kinds of relationships.

The common themes that emerge out of various theoretical frameworks about childhood attachment and adulthood attachment are:

- People are organically driven to form attachments with others, but the method of forming attachments is predisposed by learning experiences.
- Individuals form different kinds of attachments depending on the expectations and attitudes they have about their relationships. These expectations and attitudes compose of internal "working models" used to guide relationship behaviors.
- Internal "working models" are comparatively constant even though they can be influenced by experience.
- Individual differences in attachment can contribute positively or negatively to mental health and to the quality of relationships with others.

A Model of Adult Attachment by Kim Bartholomew and Leonard M. Horowitz

The Four Category Model

A basic principle of attachment theory is that attachment relationships maintain to be significant throughout the life span (Ainsworth, 1982, 1989; Bowlby, 1977, 1980, 1982).

Bowlby's (1969) original theory suggested two types of internal working models, such as illustrations of the "self" and "others." In view of this, Bartholomew and Horowitz (1991) proposed that four categories could be logically derived (i.e., the four-category model), combining two levels of "self representation (positive or negative)" with two levels of "others representation (positive or negative)." The self-representation model reflects anxiety about closeness (i.e., whether the self is worthy of support), and the others-representation model reflects avoidance of intimacy (i.e., whether others are seen as trustworthy). Bartholomew and Horowitz (1991) conceptualized 4 classes based on these two axes: the first category comprises of positive self- and others-representations, the second category comprises of positive self-representation but negative others-representation, the third category comprises negative self- and others-representations, and the fourth category comprises of positive self-representation but negative others-representation.

The authors labelled these 4 categories as secure, preoccupied, fearful, and dismissing styles, respectively.

SECURE Comfortable with intimacy and autonomy	PREOCCUPIED Preoccupied with relationships
DISMISSING Dismissing of intimacy Counter-dependent	FEARFUL Fearful of intimacy Socially avoidant

Model of Adult Attachment

Dependency can vary from low (a positive self-regard is established internally and does not require external validation) to high (positive self-regard can only be maintained by others' ongoing acceptance). Avoidance of intimacy reflects the degree to which people avoid close contact with others as a result of their expectations of aversive consequences. The dismissing and fearful styles are alike in that both reflect the avoidance of intimacy; they differ, however, in the person's need for others' acceptance to maintain a positive self-regard. Similarly, the preoccupied and fearful groups are alike in that both exhibit strong dependency on others to maintain a positive self-regard, but they differ in their readiness to become involved in close relationships. Whereas the preoccupied cell implies a reaching out to others in an attempt to fulfill dependency needs, the fearful cell implies an avoidance of closeness to minimize eventual disappointment.

SECURE

Securely attached people have an internal working model with positive views of both self and others and are therefore at ease with either intimacy or autonomy (Bartholomew & Horowitz, 1991). These people, like securely attached infants, believe that someone will be available to them if needed and believe that they are deserving of others' help. Once an individual has developed the capacity for secure attachments, he or she will likely continue the pattern throughout the remainder of the life span. This development may occur during infancy with the primary caretaker, but also may occur later in life through another significant relationship.

PREOCCUPIED

The preoccupied attachment style is characterized by an internal working model with a negative view of self and a positive view of others. These individuals feel anxious in their relationships, demonstrate a high level of dependence on others, and invest a significant amount of energy in relationships that are not necessarily in their best interest to maintain (Bartholomew & Horowitz, 1991). The preoccupied attachment style is equivalent to Hazan and Shaver's (1987) anxious/ambivalent category of attachment.

FEARFUL

The fearful attachment style is characterized by an internal working model with negative views of both self and others. Observation suggests that these people are socially avoidant because they are fearful of their own vulnerability in intimacy. They anticipate that others will be insensitive and believe that they do not deserve to be treated well due to perceived personal shortcomings.

DISMISSIVE

Although the dismissing attachment style is also characterized by social avoidance, its intrapersonal dynamics are quite dissimilar from those of the fearful attachment style. People with a dismissing attachment style have an internal working model with a positive view of self and a negative view of others. They place little, if any, value in intimacy and are consequently counter-dependent in their relationships, choosing independence and autonomy over relational interdependence (Bartholomew & Horowitz, 1991).

REVIEW OF LITERATURE

Laura E. Kwako, Jennie G. Noll, Frank W. Putnam, and Penelope K. Trickett in *Childhood sexual abuse and attachment: An intergenerational perspective* (2010) stated that childhood sexual abuse (CSA) is an accepted risk factor for various negative outcomes in adult survivors and their offspring. They used the Dynamic-Maturational Model of attachment theory as a framework for exploring the impact of maternal CSA on children's attachment relationships in the context of a longitudinal sample of adult survivors of CSA and non-abused comparison mothers and their children. Results showed that children of CSA survivors were more likely to have extreme strategies of attachment than the children of non-abused mothers. However, because both groups were at socioeconomic risk, both were typified by anxious attachment. Explanations for findings and implications for children's development are explored.

This study by Diane N. Roche, Marsha G. Runtz, Michael A. Titled *Adult Attachment: A Mediator Between Child Sexual Abuse and Later Psychological Adjustment* (1999) investigated the nature of the relationship between child sexual abuse, adult attachment style as measured by the Relationship Questionnaire, and psychological adjustment as measured by the Trauma Symptom Inventory. Participants were 307 female university students, including 85 women with a history of child sexual abuse. Results indicated that a history of child sexual abuse predicted both psychological adjustment and adult attachment style, and that adult attachment style predicted psychological adjustment. In addition, a mediational model in which attachment mediates between child sexual abuse and later psychological adjustment was supported. Results are discussed in terms of implications for conducting therapy with child sexual abuse survivors.

Pamela. C Alexander in *Application of attachment theory to the study of sexual abuse* (1992) - Research on sexual abuse frequently fails to address the influence of the family as a risk factor for the onset of all kinds of sexual abuse and as a mediator of its long-term effects. Attachment theory provides a useful conceptual framework for understanding the familial antecedents and long-term consequences of sexual abuse. Themes associated with insecure parent-child attachment (rejection, role reversal/prettification, and fear/unresolved trauma) are frequently found in the dynamics of families characterized by sexual abuse, and specific categories of sequelae are related to probable attachment experiences. Implications for intervention and research on sexual abuse are suggested.

In another study named *The Differential Effects of Abuse Characteristics and Attachment in the Prediction of Long-Term Effects of Sexual Abuse* (1993), Pamela C. Alexander hypothesized that sexual abuse severity and adult attachment (reflective of the more pervasive experience of growing up in a family) would each have significant but distinct effects on the long-term functioning of incest survivors. A sample of 112 incest survivors completed the Beck Depression Inventory, the Symptom Checklist-10, the Impact of Event Scale, the MCMI-II, and the Relationship Questionnaire (a measure of adult attachment). Hierarchical regression analyses indicated that sexual abuse characteristics (particularly early age of onset) predicted depression, intrusive thoughts, and, to a lesser degree, avoidance of memories of the abuse (symptoms consistent with a traditional PTSD conceptualization). Adult attachment (in particular, a lack of secure attachment) predicted avoidance of memories of the abuse. In addition, adult attachment predicted avoidant, dependent, self-defeating, and borderline personality disorders. Implications for the focus of therapy with the sexual abuse survivor are discussed.

Deborah L. Shapiro and Alytia A. Levendosky conducted a study titled *Adolescent survivors of childhood sexual abuse: the mediating role of attachment style and coping in psychological and interpersonal functioning* (1999). The purpose was to examine attachment style and coping strategies as potential mediating variables between childhood sexual abuse (CSA) and psychological and interpersonal functioning, in an attempt to explain variability in extent of disorder and level of functioning. Eighty adolescent females, aged 14–16 years, answered questions regarding abuse history, attachment style, coping with an interpersonal stressor, depression and trauma symptomatology, and conflict with a best friend.

Results, through structural equation modeling analyses, indicated that attachment style mediates the effects of CSA and child abuse and neglect on coping and psychological distress. The indirect effects of CSA and other abuse through attachment accounted for most of the effects on coping and psychological distress. Avoidant and cognitive coping strategies also served as mediators in the models, accounting for most of the effects of the other variables on interpersonal conflict. The findings indicated that attachment style and coping strategies influence psychological and interpersonal functioning, mediating the direct effects of CSA and other types of child abuse and neglect. These results have implications for therapeutic intervention with children and adolescents who have experienced child abuse.

Research conducted by John N. Briere and Diana M. Elliott in *Immediate and Long-Term Impacts of Child Sexual Abuse* in 1994 indicates that a wide range of psychological and interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experiences. Although a definitive causal relationship between such difficulties and sexual abuse cannot be established using current retrospective research methodologies, the aggregate of consistent findings in this literature has led many to conclude that childhood sexual abuse is a major risk factor for a variety of problems. This article summarizes what is currently known about these potential impacts of child sexual abuse. The various problems and symptoms described in the literature on child sexual abuse are reviewed in a series of broad categories including posttraumatic stress, cognitive distortions, emotional pain, avoidance, an impaired sense of self, and interpersonal difficulties. Research has demonstrated that the extent to which a given individual manifests abuse-related distress is a function of an undetermined number of abuse-specific variables, as well as individual and environmental factors that existed prior to, or occurred subsequent to, the incidents of sexual abuse.

John Briere in *Methodological issues in the study of sexual abuse effects* in 1992 talks about child abuse research that has provided a substantial literature on the psychological sequelae of sexual molestation. These findings have been helpful in informing social policy and guiding mental health practice. Because of the recency of interest in this area, however, as well as the costs and time investment associated with more rigorous longitudinal research, many of these studies have used correlational designs and retrospective reports of abuse. The implications of this methodology are outlined, and remedies are suggested where possible.

Briere, John, Runtz, Marsha in 1993 through their study titled *Childhood Sexual Abuse Long-Term Sequelae and Implications for Psychological Assessment* examined the long-term sequelae of childhood sexual abuse in six areas: posttraumatic stress, cognitive distortions, altered emotionality, disturbed relatedness, avoidance, and impaired self-reference. It is concluded that childhood sexual abuse has a variety of long-term impacts and that the measurement strategies used to demonstrate these sequelae require further development.

Stephen W. Smallbone and Billee-Anne McCabe in *Childhood Attachment, Childhood Sexual Abuse, and Onset of Masturbation Among Adult Sexual Offenders* in 2003 studied written autobiographies of 48 incarcerated adult male sexual offenders (22 rapists, 13 intrafamilial child molesters, and 13 extra familial child molesters) that were used to generate retrospective self-report measures of their childhood maternal and paternal attachment, childhood sexual abuse experiences, and onset of masturbation. Contrary to expectation, the offenders as a combined group more often reported secure than they did insecure childhood maternal and paternal attachment. There were no differences between the three offender subgroups with respect to maternal attachment; however the rapists and the intra-familial child molesters were more likely to report insecure paternal attachment than were the extra-familial child molesters. There were no differences between these offender subgroups in the frequency with which childhood sexual abuse was reported. However, offenders with insecure paternal attachment were more likely to report having been sexually abused than were those with secure paternal attachment. Sexually abused offenders in turn reported earlier onset of masturbation than did those who were not sexually abused. These results are consistent with contemporary attachment models linking insecure childhood attachment to childhood sexual abuse, and with traditional conditioning models linking childhood sexual abuse, early masturbation, and sexual offending.

Joan H Liem, Arne C Boudewyn in 1999 studied through their *Contextualizing the effects of childhood sexual abuse on adult self- and social functioning: an attachment theory perspective* with the objective being - this retrospective survey study explored the hypothesis that multiple maltreatment and loss experiences in early childhood would interfere with the formation of secure attachments, creating (1) an increased vulnerability to childhood sexual abuse (CSA), and (2) adult problems in self-and social functioning.

Method: Data were collected from 687 undergraduates on an urban, commuter campus. They were analyzed by means of between group (individuals with and without CSA histories) and within group (individuals with CSA histories) path analytic models.

Results: The number of maltreatment and loss experiences encountered in early childhood predicted greater CSA frequency in childhood and increased maltreatment in adulthood in the form of more frequent reports of sexual, physical, and emotional abuse. Childhood maltreatment and loss experiences also predicted poor adult self-functioning in the form of higher levels of depression and lower levels of self-esteem. Self-blame in response to CSA and maltreatment in adult relationships also predicted poorer adult self-and social functioning for individuals with CSA histories.

Conclusions: Findings support both direct and meditational effects of childhood maltreatment and loss experiences on adult self- and social functioning and are consistent with predictions derived from attachment theory.

With a national household probability sample of 4,023 telephone-interviewed adolescents ages 12-17, Kilpatrick et. al., (2003) provided prevalence and risk-factor data for posttraumatic stress disorder (PTSD), major depressive episode (MDE), and substance abuse/dependence (SA/D). Roughly 16% of boys and 19% of girls met criteria for at least 1 diagnosis. Six-month PTSD prevalence was 3.7% for boys and 6.3% for girls, 6-month MDE prevalence was 7.4% for boys and 13.9% for girls, and 12-month SAM prevalence was 8.2% for boys and 6.2% for girls. PTSD was more likely to be comorbid than were MDE and SA/D. Results generally support the hypothesis that exposure to interpersonal violence (i.e.,

physical assault, sexual assault, or witnessed violence) increases the risk of these disorders and of diagnostic comorbidity.

In this study, Einbender et. al. (1989), studied the psychological functioning and behavior of 46 sexually abused girls (ages 6–14) and compared them with that of 46 non-abused girls who were matched on age, race, family income, and family constellation. Sexually abused children demonstrated heightened sexual preoccupation and behavior problems, lower cognitive abilities and school achievement, and more stressful past histories.

In this study conducted by Stephan Nagy, Ralph DiClemente and Anthony G. Adcock (1995), the method adopted was that of an anonymous self-report survey examining an array of psychosocial items, to which 3124 grade 8 and grade 10 female students responded. Results showed that sexually abused girls were more likely to have been pregnant, to have initiated sexual intercourse at a younger age, to indicate illegal drug use, to have feelings of depression, to express more frequent suicidal ideation, and to have been physically abused.

A review of 45 studies clearly demonstrated that sexually abused children have more symptoms than non-abused children, with abuse accounting for 15–45% of the variance (Kendall-Tackett et. al., 1993). Fears, posttraumatic stress disorder (PTSD), behavior problems, sexualized behaviors, and poor self-esteem occurred most frequently among a long list of symptoms noted, but no one symptom characterized a majority of sexually abused children. Some symptoms were specific to certain ages, and approximately one-third of victims had no symptoms. Penetration, the duration and frequency of the abuse, force, the relationship of the perpetrator to the child, and maternal support affected the degree of symptomatology. About two-thirds of the victimized children showed recovery during the 1st 12–28 mo. The findings suggest the absence of any specific syndrome in children who have been sexually abused and no single traumatizing process.

Forty-one female volunteers, sexually abused in childhood, were compared to 56 women who had not been sexually abused in this study. The Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), and the Fear Survey Interview (FSI) were utilized to assess the long-term effects of childhood sexual abuse on 41 female volunteers. The abused women's scores were compared to the scores of 56 women who had not been sexually abused. Information was also obtained subjectively from the abused group in the areas of sexuality and interpersonal relationships. Sexually abused women were found to be more depressed, anxious, and fearful than the controls. Fear and distrust of men, and difficulty with sexual functioning were the most common long-term problems cited by the sexually abused women (Gorcey et. al., 1986).

This study conducted by Maria et. al., (2006), aimed to determine the impact of lifetime physical, psychological, and sexual intimate male partner violence (IPV) on the mental health of women, after controlling for the contribution of lifetime victimization. The comorbidity of depressive symptoms and posttraumatic stress disorder (PTSD) and their relation to state anxiety and suicide were also assessed. Women exposed to physical/sexual and psychological IPV had a higher incidence and severity of depressive and anxiety symptoms, PTSD, and thoughts of suicide than control women, with no differences between the two abused groups. The concomitance of sexual violence was associated with a higher severity of depressive symptoms in both abused groups and a higher incidence of suicide attempts in the physically/psychologically abused group. The incidence of PTSD alone was very rare, and depressive symptoms were either alone or comorbid with PTSD. The severity of state anxiety

was higher in abused women with depressive symptoms or comorbidity, as was the incidence of suicidal thoughts in the physically/psychologically abused group. Lifetime victimization was not a predictor of the deterioration of mental health in this study.

Mullen et. al., (1988) conducted a study where the level of psychiatric symptomatology was assessed with the General Health Questionnaire and the Present State Examination in a random community sample of women. Subsequently it was ascertained which of the women had been the victims of sexual or physical abuse, in either childhood or adult life. Women with a history of being abused were significantly more likely to have raised scores on both measures of psychopathology and to be identified as psychiatric cases. 20% of women who had been exposed to sexual abuse as a child were identified as having psychiatric disorders, predominantly depressive in type, compared with 6.3% of the non-abused population. Similar increases in psychopathology were found in women who had been physically or sexually assaulted in adult life. These findings indicate that the deleterious effects of abuse can continue to contribute to psychiatric morbidity for many years.

Dang and Gorzalka in 2015 in their study titled Insecure Attachment Style and Dysfunctional Sexual Beliefs Predict Sexual Coercion Proclivity in University Men talk about the past studies having shown an association between low sexual functioning and engaging in sexually coercive behaviors among men. The mechanism of this relationship is not well understood. Moreover, most studies in this area have been done in incarcerated sex offenders. The aim of their study was to investigate the role of potential distal predictors of sexual coercion, including insecure attachment style and dysfunctional sexual beliefs, in mediating the relationship between sexual functioning and sexual coercion. The study also seeks to extend past findings to a novel non-forensic population.

Methods: Male university students ($N = 367$) anonymously completed online questionnaires.
Main Outcome Measures: Participants completed the Sexual Experiences Survey, Improved Illinois Rape Myth Acceptance Scale, Hostility Towards Women Scale, Likelihood of Rape Item, Experiences in Close Relationships Scale, Dysfunctional Sexual Beliefs Scale, and Brief Sexual Functioning Questionnaire.

Results: Sexual functioning was not significantly associated with sexually coercive behaviors in our sample ($r = 0.08, P = 0.247$), though a significant correlation between sexual functioning and rape myth acceptance was found ($r = 0.18, P = 0.007$). Path analysis of all variables showed that the likelihood of rape item was the strongest correlate of sexually coercive behaviors ($\beta = 0.34, P < 0.001$), while dysfunctional sexual beliefs appeared to mediate the association between anxious attachment and likelihood of rape item score. Anxious ($r = -0.27, P = 0.001$) and avoidant ($r = -0.19, P = 0.004$) attachment also correlated significantly with lower sexual functioning.

Conclusions: These findings suggest the relationship between sexual functioning and sexual coercion may be less robust than previously reported, and may be due to a shared association with other factors. The results elaborate on the interrelation between attachment style and dysfunctional sexual beliefs as predictors of sexual coercion proclivity, suggesting avenues for further research.

Grace H. Tomas-Tolentino (2010) in The relationship among adult attachment styles, shame, dissociation, and abuse characteristics in women survivors of intrafamilial child sexual abuse perpetrated by a parental figure studied consequences of intra-familial child sexual abuse

(CSA) often evolve beyond the termination of abuse and pervade into adulthood, posing complex and enduring consequences for survivors (Courtois, 1999; Briere, 1992; Herman, 1981, 1991; van der Kolk & Kadish, 1987; Chu & Dill, 1990). The concepts of attachment, shame, and dissociation are significant areas of study—in the context of childhood sexual abuse—dissociation when working with adult survivors. The present study included 49 women with a history of childhood sexual abuse perpetrated by a parental-figure. The purpose of the study was to identify the relationships among adult attachment styles, shame, dissociation, and specific CSA characteristics (age at onset, relationship to the perpetrator, duration of abuse, experience of other types of abuse). Participants voluntarily and anonymously participated in completing 4 self-administered measures on demographics, adult attachment styles, levels of shame, and levels of dissociation. Treatment variables were also investigated including type of treatment currently being received at the agency, frequency of this treatment, and overall duration of treatment to assess their possible relationships to adult attachment styles, levels of shame and dissociation, and CSA characteristics. The major findings suggest that the experience of earlier age at onset, having a father as the perpetrator, longer duration of abuse, and experience of other types of abuse lends to a greater likelihood towards fearful attachment style; adult survivors with fearful attachment styles are more likely to have high level of shame; and adult survivors with high level of shame have high level of dissociation. Additional findings of importance are that the experience of earlier age at onset, having a father as the perpetrator, longer duration of abuse, and experience of other types of abuse lends to a greater likelihood towards both high levels of shame and high levels of dissociation which in turn were related to more frequent treatment. The finding also suggests that adult survivors with a high level of dissociation stay longer in treatment.

Cigdem Yumbul, Seyma Cavusoglu, Birgul Geyimci (2010) in *The effect of childhood trauma on adult attachment styles, infidelity tendency, romantic jealousy and self-esteem* assessed how individuals' childhood traumas (emotional, physical, sexual abuse; emotional and physical neglect) affect their attachment styles, infidelity tendency, romantic jealousy and self-esteem. The study was conducted to 150 individuals (91 females, 59 males) including married individuals, individuals in a dating relationship and singles. The analyses demonstrated a significant difference in childhood trauma scores in terms of adult attachment styles and a significant positive correlation between trauma scores and infidelity. The study did not demonstrate any correlation between childhood trauma, romantic jealousy and self-esteem.

Robin S. Edelstein, Simona Ghetti, Jodi A. Quas, Gail S. Goodman, Kristen Weede Alexander, Allison D. Redlich, Ingrid M. Cordón (2005) in their study titled *Individual Differences in Emotional Memory: Adult Attachment and Long-Term Memory for Child Sexual Abuse* investigated attachment-related differences in long-term memory for a highly emotional life event - child sexual abuse (CSA). Participants were 102 documented CSA victims whose cases were referred for prosecution approximately 14 years earlier. Consistent with the proposal that avoidant individuals defensively regulate the processing of potentially distressing information (Bowlby, 1980), attachment avoidance was negatively associated with memory for particularly severe CSA incidents. This finding was not mediated by the extent to which participants reported talking about the abuse after it occurred, although post abuse discussion did enhance long-term memory. In addition, accuracy was positively associated with maternal support following the abuse and extent of CSA-related legal involvement. Attachment anxiety was unrelated to memory accuracy, regardless of abuse

severity. Implications of the findings for theories of avoidant defensive strategies and emotional memory are discussed.

O'Connor, M and Elklit, A (2008) aimed to examine the association between post-traumatic stress disorder (PTSD) and adult attachment in a young adult population in a study titled Attachment styles, traumatic events, and PTSD: a cross-sectional investigation of adult attachment and trauma. A sample of 328 Danish students (mean age 29.2 years) from four different schools of intermediate education level were studied by the Harvard Trauma Questionnaire (HTQ), the Revised Adult Attachment Scale (RAAS), the Trauma Symptom Checklist (TSC), the Crisis Support Scale (CSS), the Coping Style Questionnaire (CSQ), and the World Assumption Scale (WAS). Attachment styles were associated with number of PTSD symptoms, negative affectivity, somatization, emotional coping, attributions, and social support. The distribution of attachment styles in relation to PTSD symptoms could be conceived as uni-dimensional.

Utilizing attachment theory as a basis for conceptualizing close relationships among adolescents, this study titled The role of child maltreatment and attachment style in adolescent relationship violence by Wekerle and Wolfe (1998) investigated two important relationship risk factors (child maltreatment, and adolescent self-perceived insecure attachment style) as predictors of “offender” and “victim” experiences in youth relationships. In addition to considering the influence of these risk factors, we further considered their interaction in predicting conflict in close relationships. Of interest was the extent to which attachment styles may function as a moderator of the relationship between childhood abuse and current abuse in teen close relationships. High school students ($N = 321$) in grades 9 and 10 completed questionnaires tapping their histories of maltreatment, currently viewed styles of attachment, and conflict in close relationships over the past 6 months. Maltreatment alone emerged as the most consistent predictor, accounting for 13–18% of the variance in male's physically, sexually, and verbally abusive behaviors; in contrast, it was not highly predictive of female's abusive behaviors. Maltreatment was predictive of victimization experiences for both males and females. Attachment style did not substantially add to the prediction of relationship conflict beyond maltreatment; however, avoidant attachment style emerged repeatedly as a significant predictor of female abusiveness and victimization. Attachment self-ratings were found to function as a moderator of child maltreatment in predicting primarily male coercive behavior towards a relationship partner as well as predicting male's experience of coercion from a partner. Thus, the presence of childhood maltreatment and adolescent self-perceived insecure attachment style applies predominantly to male youth. The implication of these gender differences for understanding relationship violence is discussed.

Steven R Gold, Barbara B Sinclair, Kristi A Balge 1999) in Risk of sexual revictimization: A theoretical model talk about the survivors of child sexual abuse suffering serious short- and long-term psychological consequences. Sexual re-victimization as an adult is one of the consequences that has been reported. At present, there is no theoretical model identifying the risk factors that result in child sexual abuse survivors being at greater risk of experiencing an adult sexual assault. The proposed model is designed to integrate existing research, stimulate further empirical work, and eventually aid in the development of a program to prevent re-victimization. The variables hypothesized to play a mediating role in the pathway to re-victimization include: severe psychological symptoms as a consequence of the child sexual abuse, poor coping styles, an insecure attachment style, hyper-femininity, delinquent behavior, drug use, and high risk sexual behavior.

Over the past two decades society has become more aware of the prevalence and impact of childhood sexual abuse (CSA). While society has become more aware of this problem, there is still much that remains unknown. This is evident especially in regard to the effects of CSA on adult males. There are several reasons for this; one such reason is that males who come to therapy are rarely asked about sexual abuse histories. However, the effects of CSA are often quite severe for males. One area particularly affected is adult close relationships. Attachment theory offers a way to conceptualize how people interact in close relationships. In this study titled *The Effects of Childhood Sexual Abuse on Adult Male Attachments in Close Relationships* by Daniel Rayner Altman (2005), the influence of CSA on adult male relationships was examined. Seven hypotheses examined were that males who were abused by a male, males who were abused for a longer period of time, males who were abused at an earlier age, males who perceived little support from their family with regards to the abuse, males who were abused by a family member, males who were abused more frequently, and males who were abused more severely would be more likely to have an insecure attachment than other males. These CSA characteristics were measured by the Childhood Sexual Experiences Questionnaire and the Adult Attachment Questionnaire (AAQ). Although limitations to this study make it difficult to reject the null hypothesis and to make statements that these results reflect the population, findings generally confirm the stated hypotheses.

Natacha Godbout, John Briere, Stéphane Sabourin, and Yvan Lussier (2014) in this study titled *Child sexual abuse and subsequent relational and personal functioning: The role of parental support* examined the role of non-offending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms, and couple adjustment. Of 348 adults engaged in stable romantic relationship, 59 (17%) reported sexual abuse. In this subgroup, 14% ($n = 8$) reported parental intervention after the abuse was disclosed (i.e., support), 15% ($n = 9$) reported a lack of parental intervention after abuse disclosure (i.e., nonsupport), and 71% ($n = 42$) reported that their nonabusive parent(s) was(were) unaware of their abuse. Results indicated that, compared to other groups, CSA survivors with nonsupportive parents reported higher levels of anxious attachment, psychological symptoms, and dyadic maladjustment. In contrast, CSA survivors with supportive parent(s) expressed psychological and couple adjustment equivalent to non-abused participants, and lower attachment avoidance, relative to all other groups. Path analysis revealed that insecure attachment completely mediated the relationship between perceived parental support after CSA and later psychosocial outcomes. An actor-partner interdependence model showed different patterns for men and women and highlighted the importance of considering relational dynamics in dyads of CSA survivors. Overall, the results suggest that perceived parental support serves as a protective factor among those exposed to CSA.

The aim of the current study was to examine the effects of secure, avoidant, and anxious attachment styles on depressive symptomatology in child sexual abuse (CSA) among young female adult victims. Cantón and Cortés (2015) studied the role of attachment style in Child sexual abuse, attachment style, and depression: the role of the characteristics of abuse by considering possible interactive effects with the type of abuse, the relationship with the perpetrator, and the continuity of abuse. Participants were 168 female victims of CSA. Information about the abuse was obtained from a self-reported questionnaire. Attachment style was assessed with the Attachment Style Measure (ASM), and the Beck Depression Inventory (BDI) was used to assess depressive symptomatology. Secure and anxious attachment styles were correlated with low and high depression scores respectively. The effects of attachment style were stronger in cases where the abuse consisted of oral

sex/penetration, a non-family member as perpetrator, and in isolated, compared with continued, abuse. These results confirm that characteristics of CSA (type of abuse, relationship with the perpetrator, and continuity of abuse) can affect the impact of attachment style on depressive symptomatology.

The purpose of this study titled *The Relationship between Childhood Physical Abuse and Adult Attachment Styles* by Jo Ann M. Unger and Rayleen V. De Luca (2014) was to identify the insecure adult attachment style associated with childhood physical abuse. Five hundred fifty-two female and 294 male university students completed questionnaires on their child abuse history, adult attachment style, and other variables. Regression analyses were completed. A history of physical abuse was associated with attachment avoidance while controlling for other forms of childhood abuse. Some support was also found for an association between physical abuse and attachment anxiety. Social support, as a control variable, was found to be an important predictor of attachment avoidance and attachment anxiety. A history of childhood physical abuse has important and specific impacts on intimate adult relationships with social support acting as a possible protective factor.

In *Intimacy-Anger and Insecure Attachment as Precursors of Abuse in Intimate Relationships* by Dutton, Saunders, Starzomski, and Bartholomew (1994), one hundred and twenty men referred for treatment for wife assault and forty demographic controls completed self-report questionnaires assessing attachment patterns, anger, jealousy, Borderline Personality Organization, and trauma symptoms. This constellation, with the exception of attachment, has been found to represent a profile related significantly to the frequency of both verbal and physical abuse. In the present study, attachment was found to correlate significantly with these other measures. A measure of secure attachment correlated significantly, but negatively, with the constellation measures. A measure of fearful attachment correlated significantly and positively. A preoccupied attachment pattern correlated with the other measures less strongly than did the fearful measure. A dismissing measure was not correlated with any constellation measures. The role of attachment anger is discussed; it is suggested that fearful attachment could also be described as angry attachment. The concept of intimacy anger is introduced from early studies in attachment and applied to the explanation of assaultiveness in adult relationships.

Research on sexual abuse frequently fails to address the influence of the family as a risk factor for the onset of all kinds of sexual abuse and as a mediator of its long-term effects. Attachment theory provides a useful conceptual framework for understanding the familial antecedents and long-term consequences of sexual abuse. Pamela C Alexander (1992) in *Application of attachment theory to the study of sexual abuse* states that themes associated with insecure parent-child attachment (rejection, role reversal/parentification, and fear/unresolved trauma) are frequently found in the dynamics of families characterized by sexual abuse, and specific categories of sequelae are related to probable attachment experiences. Implications for intervention and research on sexual abuse are suggested.

Dr. James A. Twaite and Dr. Ofelia Rodriguez-Srednicki (2008) in *Childhood Sexual and Physical Abuse and Adult Vulnerability to PTSD: The Mediating Effects of Attachment and Dissociation* studied two hundred and eighty-four adults from the metropolitan New York area who reported on their history of childhood sexual abuse (CSA), childhood physical abuse (CPA), and on the nature of their exposure to the terrorist attack on the World Trade Center. The respondents also completed the Impact of Events Scale-Revised (IES-R), the Attachment Style Questionnaire (ASQ) and the Dissociative Experiences Scale (DES). Those

reporting histories of CSA and/or CPA were found to endorse more serious symptoms of PTSD, as did those who witnessed the terrorist attack live. The presence of secure attachments and dissociative symptoms were related significantly to both CSA and CPA, and to scores on the IES–R. Adult attachment and dissociation were found to mediate the relationship between childhood abuse and severity of PTSD.

The aim of this study titled Psychological sequelae of childhood sexual abuse: abuse-related characteristics, coping strategies, and attributional style by Steel. J., Sanna. L., Hammond. B., Whipple. J., Cross. H (2004) was to test a model predicting the contribution of abuse-related characteristics and mediating variables such as coping and attributional style in the development of psychological sequelae in adults reporting a history of child sexual abuse (CSA).

Methodology: Two hundred and eighty-five males and females from three settings (a nonpatient, psychiatric outpatient, and psychiatric inpatient) completed a battery of questionnaires that included a (1) Sexual History Questionnaire, (2) Ways of Coping Questionnaire, (3) Attributional Style Questionnaire, and (4) the SCL-90-R.

Results: Of the 285 participants, 33% reported unwanted or forced sexual contact before the age of 18 years. Participants who reported a history of CSA also reported higher levels of psychological distress when compared to those who did not report a history of abuse. In testing the model concerning the relationship between victim-offender characteristics, mediating variables and psychological distress in adulthood; two abuse-related characteristics (number of offenders and duration of abuse) were found to be directly associated with psychological distress in adulthood. Other abuse-related variables (i.e., relation with offender, force, resistance, age of onset, participation, and frequency of abuse) were found to be related to psychological distress in adulthood through the mediation of various coping strategies (i.e., Accepting Responsibility, Confrontive Coping) and attributions (i.e., internalization of the abuse).

Conclusions: The results of the present study further our understanding regarding the relationship between abuse-related characteristics, mediating factors such as coping and attributional style and psychological distress in adults with a history of CSA. Future research should focus on the development of interventions that focus on variables amenable to psychotherapy to ameliorate the psychological sequelae of CSA.

The present study - Childhood Attachments, Sexual Abuse, and Their Relationship to Adult Coping in Child Molesters by W. L. Marshall, Geris A. Serran, Franca A. Cortoni (2000) examined the parent–child attachments, typical coping styles, and childhood sexual abuse among 30 child molesters, 24 nonsexual offenders, and 29 non-offenders. The results indicated that all subjects reported greater security in their attachments to their mothers than to their fathers and the insecure patterns of childhood attachments were related to ineffective adult coping. The only difference observed in characteristic coping showed that child molesters were more likely to engage in emotion focused strategies. Child molesters reported having experienced high levels of childhood sexual abuse and these experiences appear to have been more distressing to them than to other subjects. The results are discussed in terms of their implications for theory and treatment.

A history of childhood sexual abuse (CSA) is a risk factor for adult emotional distress, including symptoms of depression, anxiety, dissociation, and trauma. However, CSA is likely

associated with adult distress indirectly through an impact on mediating variables. In a review of the empirical literature titled *Mediators of the Link between Childhood Sexual Abuse and Emotional Distress-A Critical Review*, the authors Valerie E. Whiffen, Heather B. MacIntosh(2005)found support for the roles of shame or self-blame, interpersonal difficulties, and avoidant coping strategies as mediators. In addition, emotional distress appears to mediate links between CSA and other adverse outcomes, such as alcohol abuse and revictimization. The authors conclude with a number of methodological and conceptual recommendations.

In *Intimate Relationships Moderate the Association Between Childhood Sexual Abuse and Depression*, the authors Valerie E. Whiffen, Melissa E. Judd, and Jennifer A. Aube (1999) examined adult attachment, intimacy, and partner physical abuse as potential mediators or moderators of the association between childhood sexual abuse (CSA) and depression. Contrary to previous research, our results showed that being a survivor of CSA was not necessarily associated with higher levels of physical abuse or with lower levels of intimacy. Thus, the relationship variables did not mediate the association between CSA and depression. However, they did moderate this relationship. CSA survivors were both better protected from depression when they perceived their relationships to be of high quality and more vulnerable to depression when they did not than were nonsurvivors. However, an exception occurred when their relationships were physically abusive: CSA survivors who were being physically abused reported fewer depressive symptoms than did nonsurvivors in the same situation. This finding was interpreted in terms of attachment theory and the self-verification hypothesis.

A subset of research in *Interpersonal functioning among women reporting a history of childhood sexual abuse: empirical findings and methodological issues* by DiLillo. D (2001) exploring the long-term impact of child sexual abuse (CSA) has examined the adult interpersonal functioning of female survivors. The present review discusses empirical findings and critical methodological issues related to this important but often overlooked aspect of adult adjustment. Though characterized by several methodological limitations, this literature, as a whole, suggests that early sexual abuse represents a risk factor for a range of interpersonal dysfunction among female survivors, including problems with intimate partner relations, disturbed sexual functioning, and difficulties in the parental role. Suggested methodological improvements for future research include new approaches to the measurement of CSA and interpersonal variables, the need for comprehensive assessment of significant third variables, and the use of more representative sampling strategies.

This longitudinal study titled *Relational Outcomes of Childhood Sexual Trauma in Female Survivors - A Longitudinal Study in 2006* by Liang. B., Williams. M.L., Siegel. A. examines the effects of childhood sexual abuse (CSA) on the intimate and marital relationships of adult survivors from a sample composed primarily of African American women. In addition, the authors explore the protective role of maternal support. Interview data are collected on 136 women with documented histories of CSA who indicate the quality and nature of their current marital relationships and other interpersonal connections. Results suggest that CSA survivors with poor maternal attachment are more likely to enter into marital or cohabiting relationships. However, more severe sexual trauma in childhood correlates with greater marital dissatisfaction. Good maternal attachment during childhood has a negative main effect on adult interpersonal problems and a buffering effect on the relationship between abuse and marital dissatisfaction. These data can help guide future research on the adult relational outcomes of female CSA survivors, especially among minority populations.

The effects of child sexual abuse have become a leading concern of mental health service providers. Despite an explosion of studies, one major difficulty in this research is the lack of a developmentally sensitive model for conceptualizing short- and long-term effects and continuity and discontinuity of effects over time. This article - Effect of incest on self and social functioning: A developmental psychopathology perspective by Cole, Pamela M., Putnam, Frank W (2006) proposes a model based in the perspective of developmental psychopathology. It is argued that incest has its unique negative effects in the domains of self- and social functioning, specifically in jeopardizing self-definition and integration, self-regulatory processes, and a sense of security and trust in relationships. Studies with clinical samples indicate that diagnostic conditions associated uniquely with a history of incest reflect serious self- and social impairments. A review of the developmental literature on self- and social development summarizes each major developmental transition from infancy to middle adulthood, and the implications for the negative effects of incest on development are discussed. Finally, implications for developmentally sensitive research are discussed.

This review titled Attachment theory and child abuse: an overview of the literature for practitioners shares the 'literature path' the authors, Heather Bacon, Sue Richardson (2001) followed in developing their ideas about how attachment theory can inform clinical work with abused children and adults. A short outline of the early work in the field is followed by a description of research that is relevant to clinical work with children and families in the field of child abuse and child protection. They then focused on those concepts and findings from research they have found most relevant to the own work with victims of child sexual abuse, their parents and carers, and with adult survivors. In their experience, a parallel theme is the effect of working in this field on professionals' own attachment systems, and the necessity to be aware of the interplay between the individual professional's response, the role of the organization and the ability to make useful clinical interventions. This review therefore includes some material about professional attachment systems and care giving.

The objective of Risk factors for the perpetration of child sexual abuse: A review and meta-analysis by Daniel J. Whitaker, Brenda Le, R. Karl Hanson, Charlene K. Baker, Pam M. McMahon, Gail Ryan, Alisa Klein, and Deborah Donovan Rice (2008) states - since the late 1980s, there has been a strong theoretical focus on psychological and social influences of perpetration of child sexual abuse. This paper presents the results of a review and meta-analysis of studies examining risk factors for perpetration of child sexual abuse published since 1990.

Method: Eighty-nine studies published between 1990 and April of 2003 were reviewed. Risk factors were classified into one of the following six broad categories: family factors, externalizing behaviors, internalizing behaviors, social deficits, sexual problems, and attitudes/beliefs. Sex offenders against children (SOC) were compared to three comparison groups identified within the 89 studies: sex offenders who perpetrated against adults (SOA), non-sex offenders, and non-offenders with no history of criminal or sexual behavior problems.

Results: Results for the six major categories showed that SOC were not different from SOA (all d between $-.02$ and $.14$) other than showing lower externalizing behaviors ($d = -.25$). Sex offenders against children were somewhat different from non-sex offenders, especially with regard to sexual problems and attitudes ($d = .83$ and $.51$). Sex offenders against children showed substantial differences from non-offenders with medium sized effects in all six major categories (d 's range from $.39$ to $.58$).

Conclusion: Child sex offenders are different from non-sex offenders and non-offenders but not from sex offenders against adults.

Practice implications: This study suggests that the presence of general risk factors may lead to a variety of negative behavioral outcomes, including the perpetration of child sexual offending. Family factors were strongly related to the perpetration of child sex offending (vs. non-sexual offending or non-offending) and may be valuable intervention points for interrupting the development of child sex offending, as well as other negative behaviors. Other potential points for intervention may focus on the development of appropriate social and emotional skills that contribute to sexual offending.

This paper - *The Developmental Impact of Different Forms of Child Abuse and Neglect* by Penelope K. Trickett and Catherine McBride-Chang (1995) reviews and integrates research knowledge about the impact of different forms of child maltreatment-physical abuse, sexual abuse, and neglect. Both the short-term impact on the child and the long-term impact on the adolescent and adult are considered. A developmental perspective guides the review. Research studies on these forms of child maltreatment which meet certain criteria (e.g., an appropriate comparison group) are reviewed with the aim of understanding how the experience of child abuse or neglect interferes with development at the time it is experienced and how it may affect the resolution of later developmental processes or tasks as the individual goes through adolescence and then adulthood. Evidence about the role of other mediating factors such as gender and other individual difference variables, characteristics of maltreatment, and family environment is also presented. Gaps in knowledge are noted, and recommendations are made for future research.

The authors Merrill, Guimond, Thomsen, and Milner (2003) in *Child Sexual Abuse and Number of Sexual Partners in Young Women: The Role of Abuse Severity, Coping Style, and Sexual Functioning* proposed and tested a model describing distinct pathways through which childhood sexual abuse (CSA) may lead to relatively low or high numbers of sexual partners in adulthood. Path analyses were conducted on survey responses of young female US Navy recruits who reported CSA (N=547). Use of avoidant strategies to cope with CSA was expected to produce higher levels of sexual problems and fewer heterosexual sex partners, whereas use of self-destructive coping strategies was expected to result in more dysfunctional sexual behavior and more heterosexual sex partners. As predicted, the effect of CSA on number of sex partners was largely mediated by coping strategies and dysfunctional sexual behavior.

The objective of *Child sexual abuse I: Psychopathology* by Barry Nurcombe (2000) was to review scientific literature concerning the prevalence, childhood outcome and adult outcome of child sexual abuse, and the hypothetical models that have been postulated to explain its psychopathology.

Method: Selective critical review of literature.

Results: Estimates of prevalence of sexual abuse suggest that a significant number of children of both sexes are affected. Research into the psychopathology of sexual abuse is hindered by methodological problems. However, sexual abuse has been associated with a number of psychiatric disorders and maladaptive lifestyles in childhood and adulthood. Several theoretical models of the psychopathology of child sexual abuse are examined and compared.

Conclusions: A transactional model is the most comprehensive and encompassing.

Clearly recognized by researchers in the field as one of the major long-term sequelae of childhood trauma, discussion of the process of dissociation remains embedded in the classical psychoanalytic literature and is not often referred to in contemporary psychoanalytic writing. This article titled *Dissociative processes and transference-counter transference paradigms in the psychoanalytically oriented treatment of adult survivors of childhood sexual abuse* by Jody Messier Davies, Mary Gail Frawley (1992) attempts to update the definition of dissociation in accordance with contemporary research on traumatic stress and posttraumatic stress disorders and to demonstrate the manifestations and impact of dissociative phenomena in the psychoanalytic treatment of adult survivors of childhood sexual abuse. Several points are emphasized: (1) treatment of the adult survivor of childhood sexual abuse involves recognition of the simultaneous coexistence and alternation of multiple (at least two) levels of ego organization; (2) at least one level represents, in split-off form, the entire system of self- and object representation, including unavailable, affectively loaded memories and fantasized elaborations and distortions originating in the traumatogenic abusive situation; and (3) there is present a kaleidoscopic transference-counter transference picture that shifts illusively but can often be understood as based on the projective-introjective volleying of a fantasized victim, abuser, and idealized, omnipotent savior.

In this study - *Adult Attachment Style and Pedophilia: A Developmental Perspective* by Gary A. Sawle and Jon Kear-Colwell (2001) attachment theory was applied to three samples: male university students (controls), male nonoffending victims of sexual assault, and convicted male pedophiles. Adult attachment styles are investigated along with developmental histories of neglect, punishment, and sexual and physical abuse. It is proposed that adult attachment styles will differ among the pedophiles and the other two groups, and the duration of participants' adult sexual relationships would vary with the amount of sexual and other trauma that they reported experiencing as young people. If these were confirmed, it would indicate that attachment style was a significant factor in the developmental history of pedophiles and male victims of sexual assault. The results of this study indicated that the victims and controls experienced more security of attachment than the pedophiles, who were found to have an insecure attachment style. Victims and pedophiles were found to have experienced similar levels of early abuse and trauma.

This study - *The Long-Term Mental Health Consequences of Child Sexual Abuse: An Exploratory Study of the Impact of Multiple Traumas in a Sample of Women* by Victoria L. Banyard, Linda M. Williams, and Jane A. Siegel (2001) examined exposure to multiple traumas as mediators of the relationship between childhood sexual abuse and negative adult mental health outcomes. Participants were 174 women interviewed in the third wave of a longitudinal study of the consequences of child sexual abuse. Child sexual abuse victims reported a lifetime history of more exposure to various traumas and higher levels of mental health symptoms. Exposure to traumas in both childhood and adulthood other than child sexual abuse mediated the relationship between child sexual abuse and psychological distress in adulthood. There were also some significant direct effects for child sexual abuse on some outcome measures. Results point to the importance of understanding the interconnected nature of trauma exposure for some survivors.

This study - *Heterogeneity in Patterns of Child Sexual Abuse, Family Functioning, and Long-Term Adjustment* by Bennett, Hughes, and Luke (2000) examined the relationship between the family environment, childhood sexual abuse experiences, and long-term adjustment of women college students. Cluster analysis was used to classify 124 abuse survivors into eight groups based on aspects of their abusive experiences (3 intrafamilial and 5 extrafamilial

clusters). Analysis of variance revealed a significant relationship between perceptions of family psychological health and severity of abuse for the most extreme patterns of abuse (i.e., most and least severe abuse), with more severe abuse associated with poor familial emotional health. Current psychological distress appeared to be related to certain aspects of the abusive situation, such as the use of threat or force and duration of abuse, rather than the overall severity of the abuse pattern. The diversity evident in these women's experiences of abuse and long-term adjustment supports the heterogeneity of the phenomenon of child sexual abuse and its consequences.

In this study titled Predicting the impact of child sexual abuse on women: The role of abuse severity, parental support, and coping strategies by Merrill, Thomsen, Sinclair, Gold, and Milner (2001), female Navy recruits ($N=5,226$) completed surveys assessing history of childhood sexual abuse (CSA), childhood strategies for coping with CSA, childhood parental support, and current psychological adjustment. Both CSA and parental support independently predicted later adjustment. In analyses examining whether CSA victims' functioning was associated with CSA severity (indexed by 5 variables), parental support (indexed by 3 variables), and coping (constructive, self-destructive, and avoidant), the negative coping variables were the strongest predictors. A structural equation model revealed that the effect of abuse severity on later functioning was partially mediated by coping strategies. However, contrary to predictions, the model revealed that childhood parental support had little direct or indirect impact on adult adjustment.

In Attachment to the abuser: Integrating object-relations and trauma theories in treatment of abuse survivors, Blizard, and Bluhm (1994) integrate concepts from object-relations and attachment theories with current knowledge of posttraumatic stress disorder (PTSD) and dissociation to understand abuse survivors' attachment to the abuser. Patterns of attachment in the abuse survivor's relationships and the defenses used to preserve the self and the object are examined. The need to work in therapy with internalized object relations and with the trauma, and how patterns of attachment to the abuser are manifested in transference and counter transference, are addressed using this combined perspective.

This study - Emotionally Focused Therapy for Couples and Childhood Sexual Abuse Survivors by Heather B. MacIntosh, Susan Johnson (2008) explored Emotionally Focused Therapy (EFT) for couples with childhood sexual abuse survivors (CSA) and their partners. Half of the couples in this study reported clinically significant increases in mean relationship satisfaction and clinically significant decreases in trauma symptoms, and thematic analyses identified numerous areas where trauma survivors were challenged in fully engaging in the therapy process. In particular, trauma symptoms such as affect dysregulation and hypervigilance were identified to play a role in the challenges that survivors experienced in fully engaging in the EFT process. Results of these thematic analyses yielded clinical recommendations for working with CSA survivors and their partners in EFT for traumatized couples. Recommendations for future study were articulated.

Since Browne and Finkelhor's (1986) seminal review of the impact of child sexual abuse, there has been a dramatic increase in the child sexual abuse literature. Because of this tremendous growth in the literature, a more current review is warranted. The focus of this paper titled Long-term correlates of child sexual abuse: Theory and review of the empirical literature by Melissa A. Polusny and Victoria M. Follette (1995) is a review of the long-term correlates of child sexual abuse published since 1987. Sexually abused subjects report higher levels of general psychological distress and higher rates of both major psychological

disorders and personality disorders than nonabused subjects. In addition, child sexual abuse survivors report higher rates of substance abuse, binge eating, somatization, and suicidal behaviors than nonabused subjects. Adult survivors of child sexual abuse report poorer social and interpersonal relationship functioning, greater sexual dissatisfaction, dysfunction and maladjustment including high-risk sexual behavior, and a greater tendency toward revictimization through adult sexual assault and physical partner violence. The long-term correlates of child sexual abuse are conceptualized within a theoretical framework based on a theory of emotional avoidance. Although more recent empirical findings have demonstrated improved designs and methodology, these studies continue to be limited in their generalizability. Recommendations for future research are discussed.

METHODOLOGY

Objective

- To assess the attachment styles in different relationships in young adult survivors of childhood sexual abuse.

Aim

- To understand the impact of childhood sexual abuse on the attachment styles across relationships in the young adult survivors of the abuse.

Sample

- Sample Size: 51
- Age: 18-25 years
- Sex: Female

Tools

Experiences in Close Relationships- the Relationship Structures (ECR-RS) - (Fraley et al, 2000)+ Global General Attachment (2014)

Statistical Analysis

The primary reason for using *thematic analysis* for this study is that most research on adult attachment has focused on the attachment in romantic relationships. Due to the lack of empirical data, as a researcher, I am interested in assessing the nature of attachment, across separate interpersonal relationships, which is experienced by the survivors of childhood sexual abuse in their young adulthood years. ECR-RS and Global General Attachment questionnaire tools have been used to ensure the comparison of relational security across definite domains (e.g., romantic partner, mother, father, best friends, and general people to assess social interpersonal relationships) in ways that were significant to each respondent.

Procedure

Participants rated an initial pool of 9 items from Experiences in Close Relationships- the Relationship Structures (ECR-RS) and its extended version Global General Attachment (2014), designed to assess their attachment styles across four kinds of intimate relationships (i.e., relationships with romantic partner, mother, father, and best friends). Global General Attachment was used to assess their attachment style with general people outside these four relationships to understand the participants' social interpersonal attachment. The same 9 items were used for each domain, yielding 45 items total. For each item, participants were asked to indicate on a 7-point scale the extent to which they agreed or disagreed with the item (where 1= strongly disagree; 7 = strongly agree).

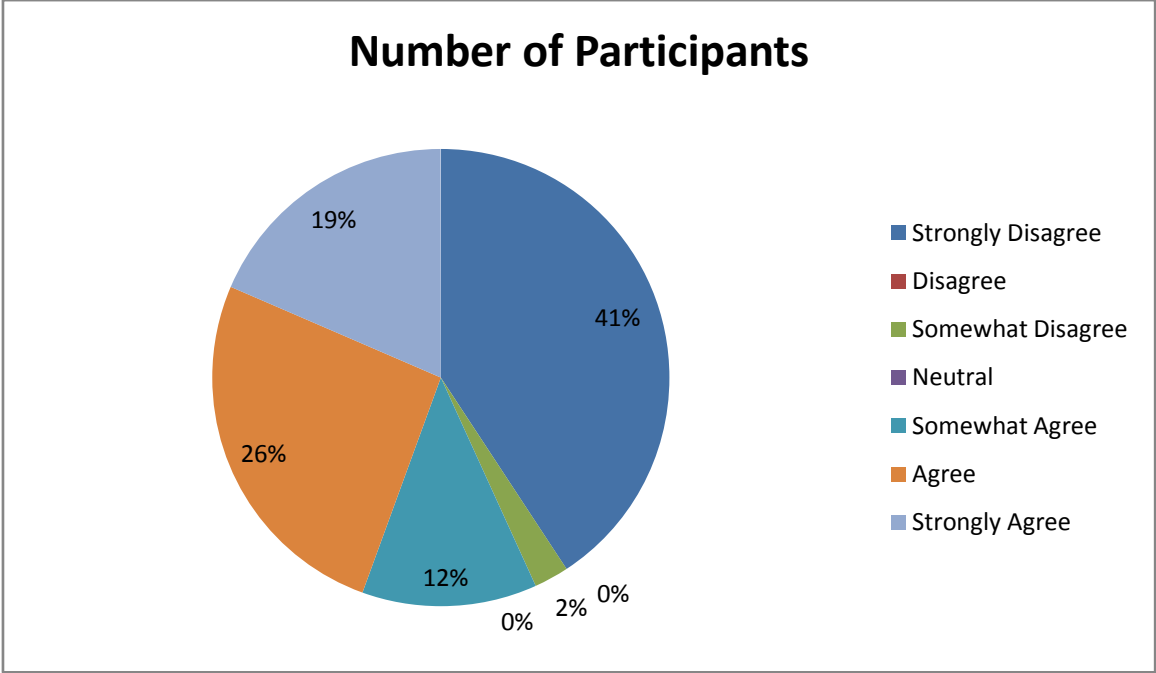
The items of ECR-RS have been selected after being modified from the ECR-R, a widely used attachment inventory intended to assess two dimensions at the core attachment patterns: *anxiety* and *avoidance*. The anxiety dimension represents the extent to which people tend to worry about attachment-related concerns; the avoidance dimension represents the extent to which people are uncomfortable opening up to others and depending on them (Fraley et al., 2000). Each of the 5 domains was assessed to understand the general working models of the participants via the ECR-RS by averaging the items from each domain. Following the tool's scorecard (attached in the appendix), the scoring and interpretation were conducted of the sample.

ANALYSIS OF RESULTS

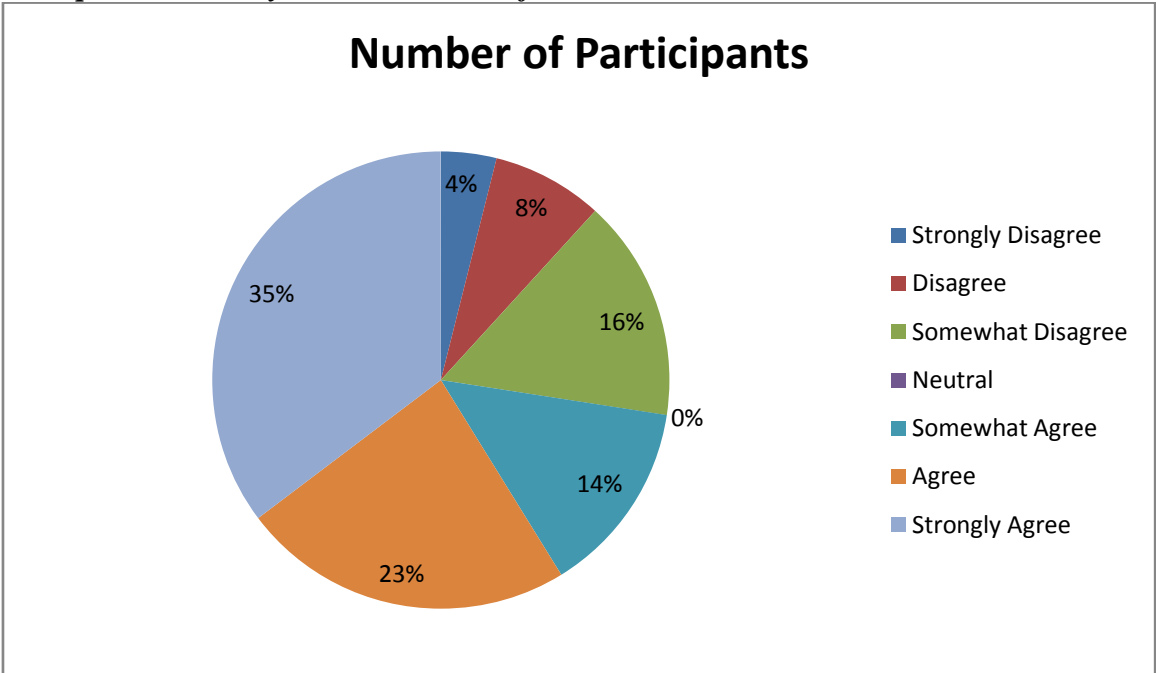
Sample Size: 51

Items: 45 (9 tool items \times 5 relationship domains)

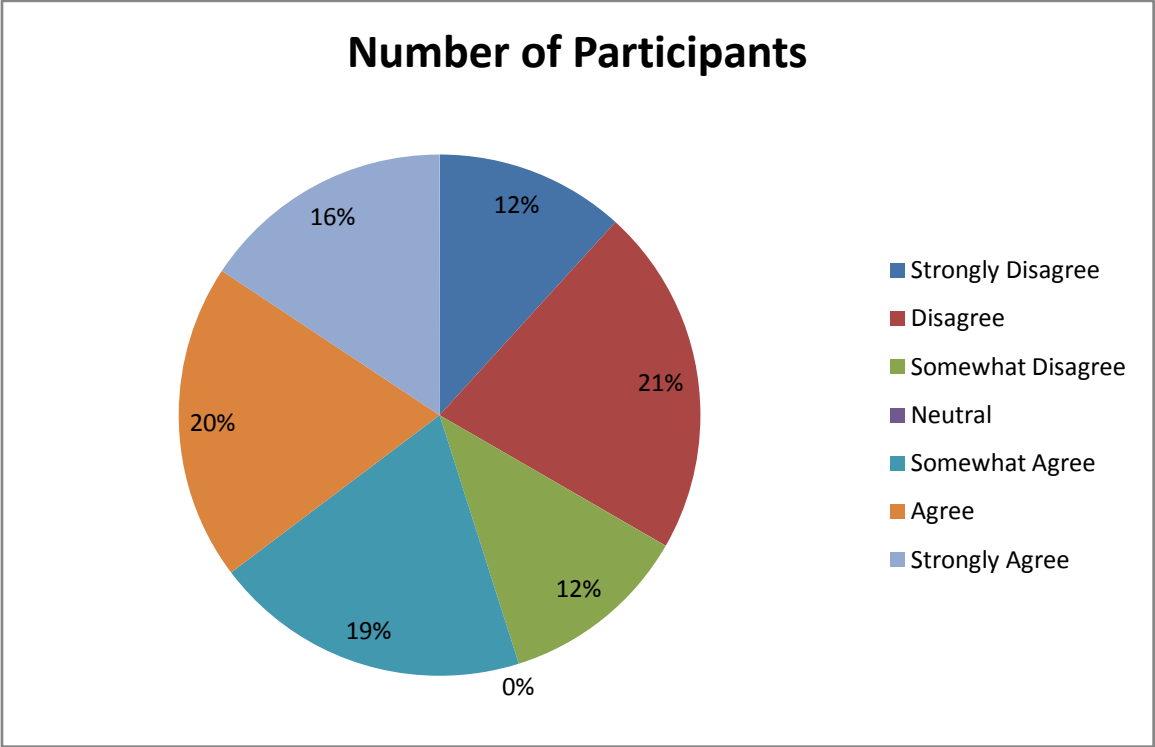
1. It helps to turn to my partner in times of need.



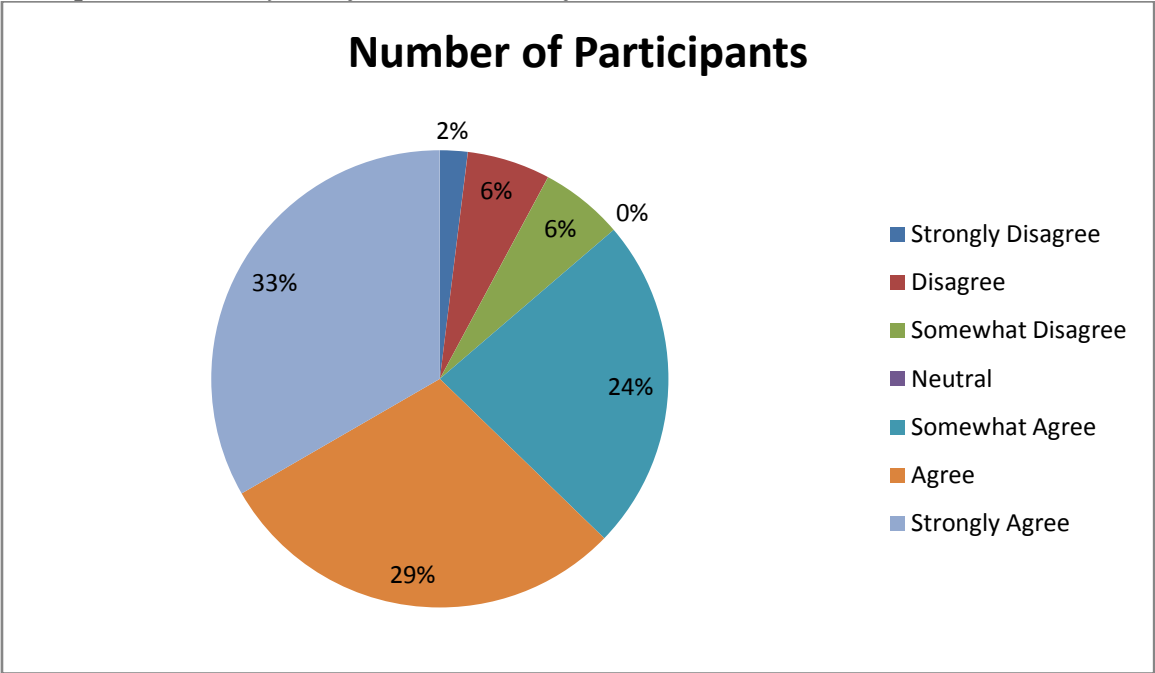
2. It helps to turn to my mother in times of need.



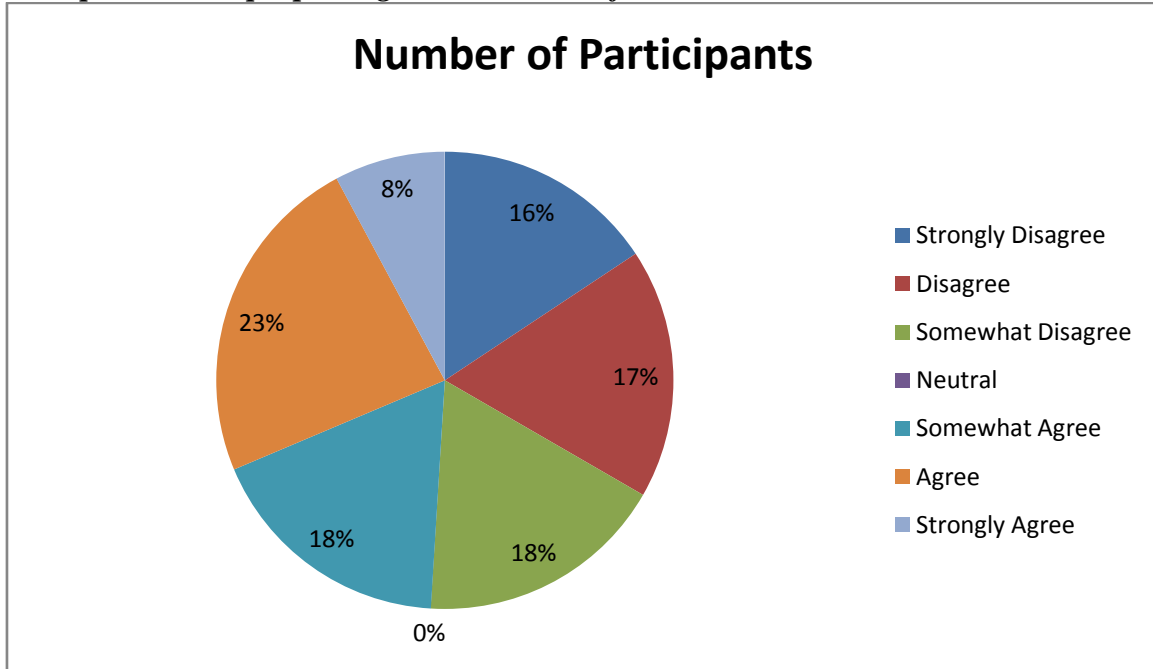
3. *It helps to turn to my father in times of need.*



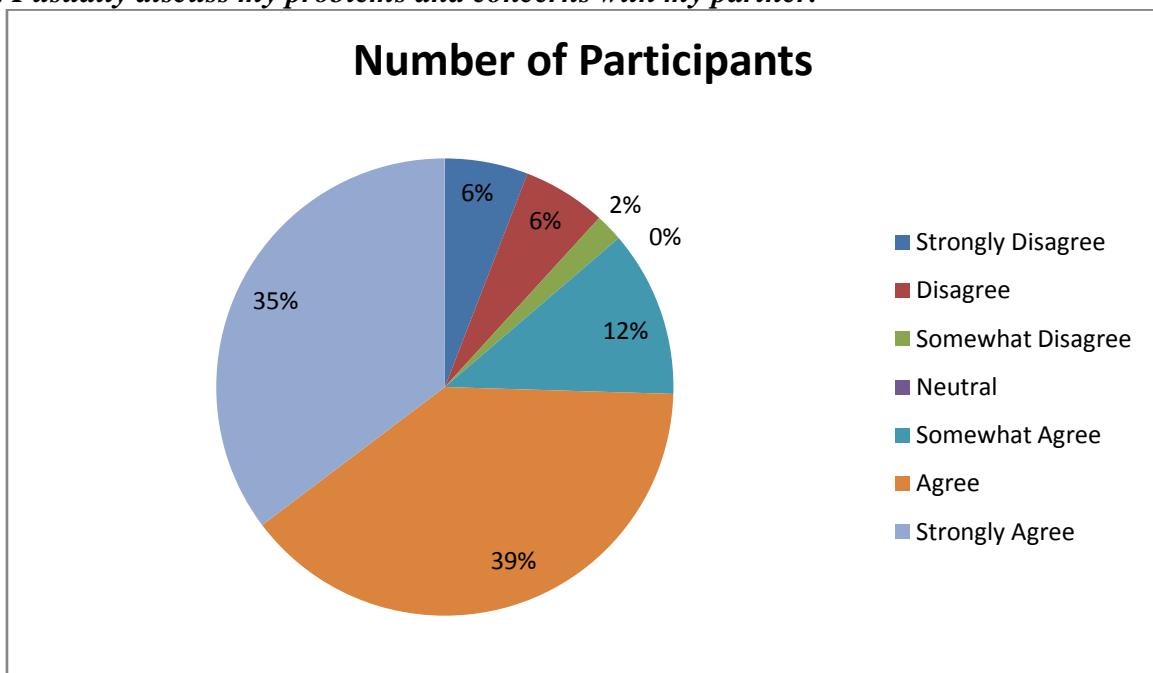
4. *It helps to turn to my best friend in times of need.*



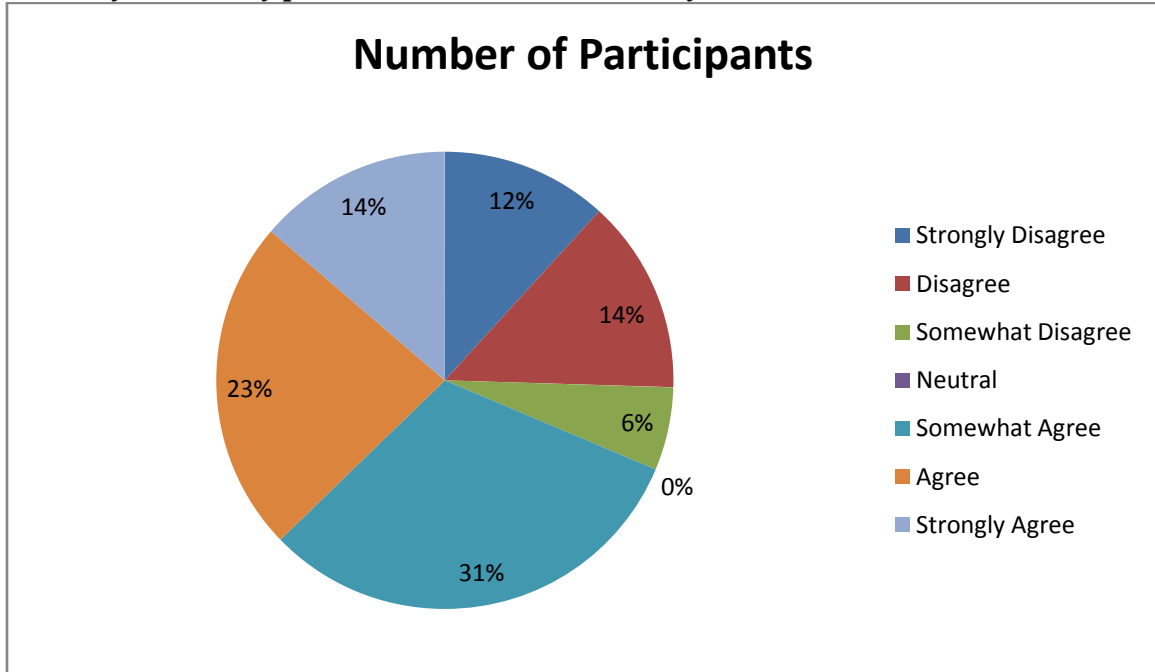
5. *It helps to turn to people in general in times of need.*



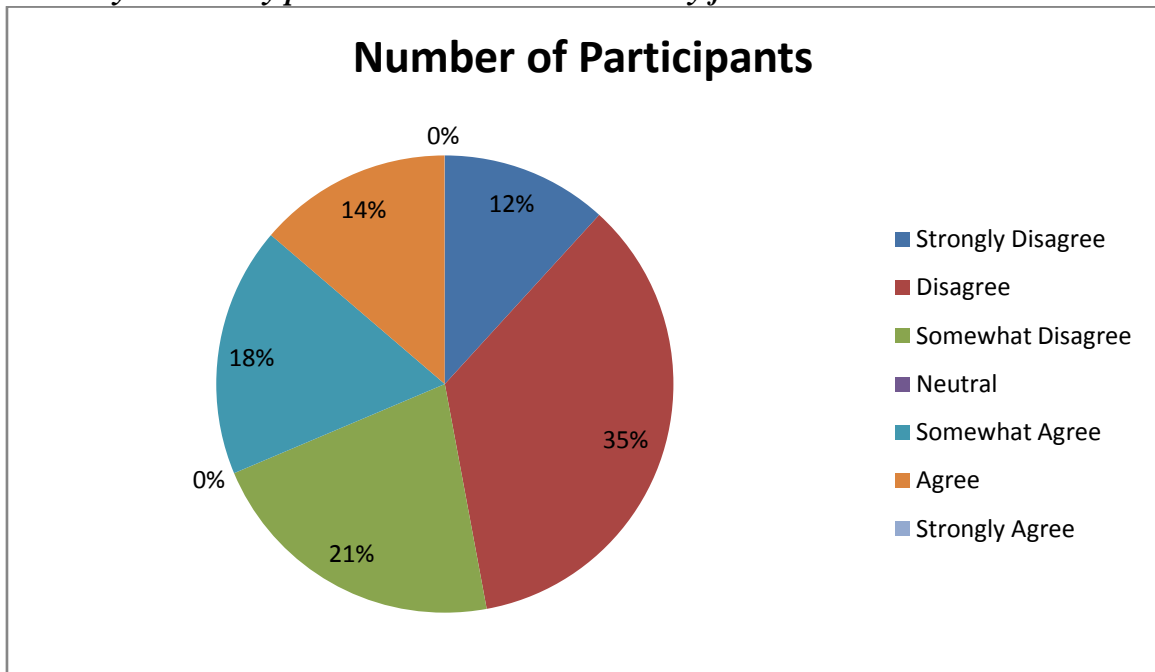
6. *I usually discuss my problems and concerns with my partner.*



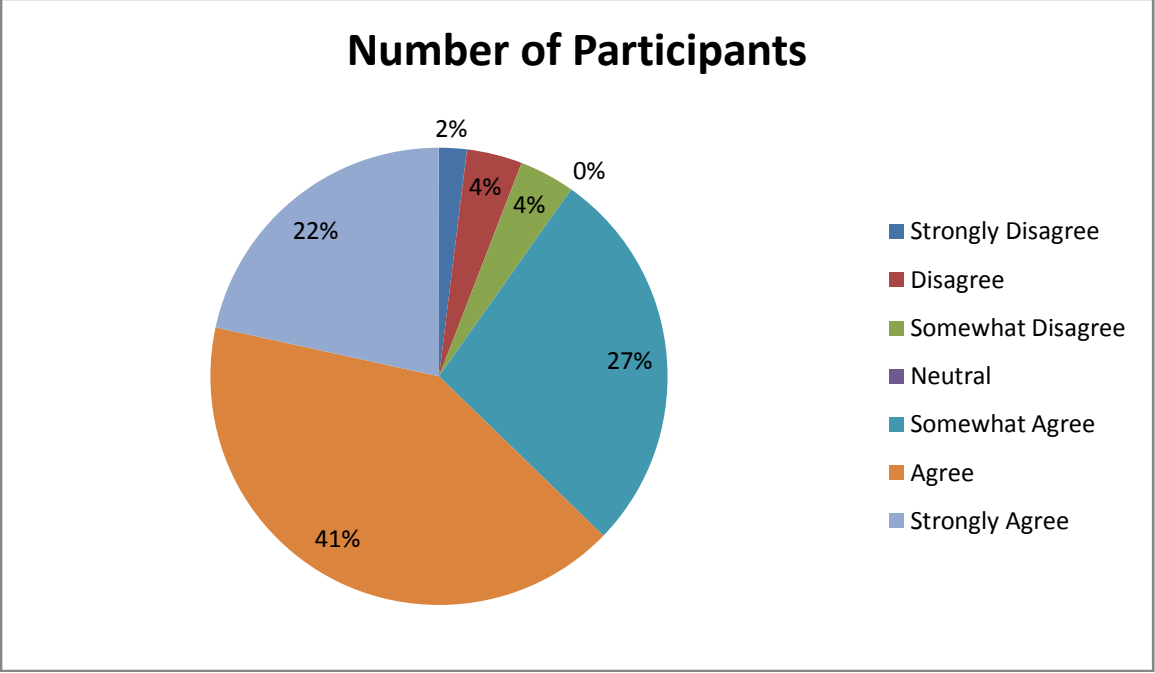
7. *I usually discuss my problems and concerns with my mother.*



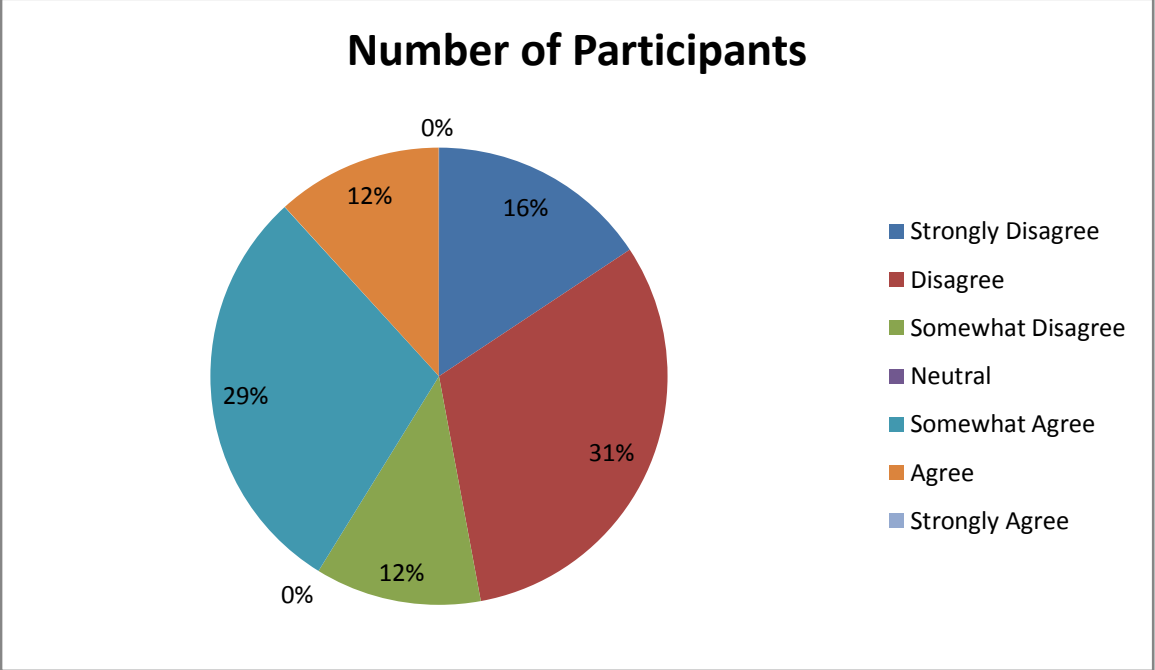
8. *I usually discuss my problems and concerns with my father.*



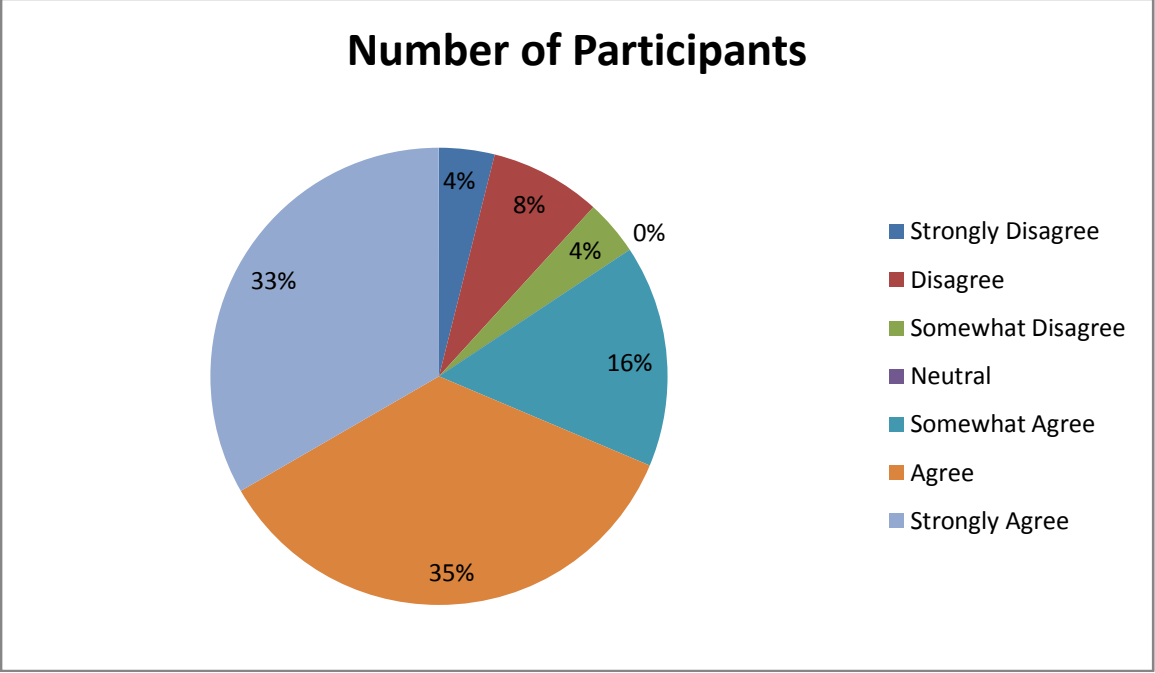
9. *I usually discuss my problems and concerns with my best friend.*



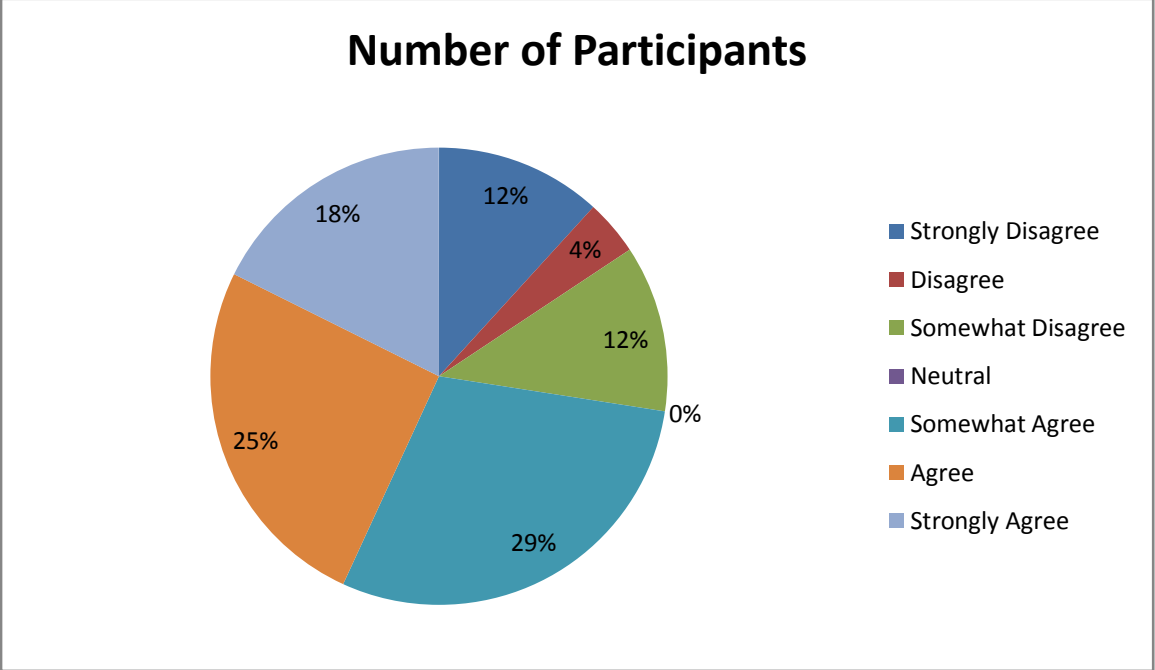
10. *I usually discuss my problems and concerns with people in general*



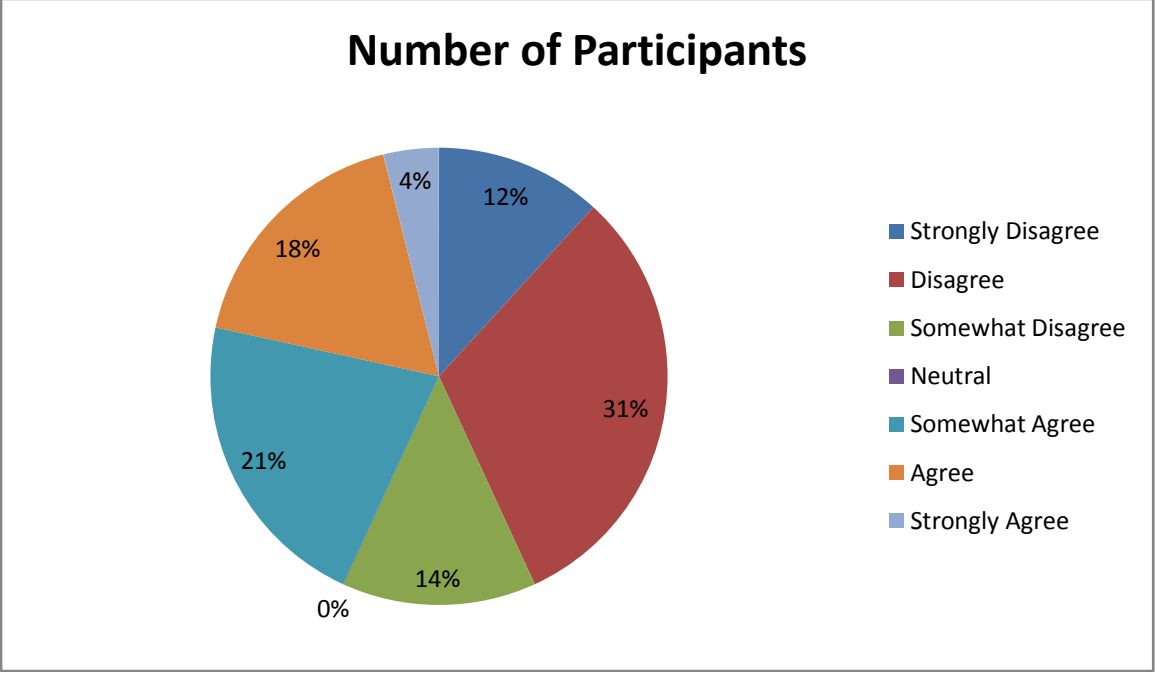
11. I talk things over with my partner.



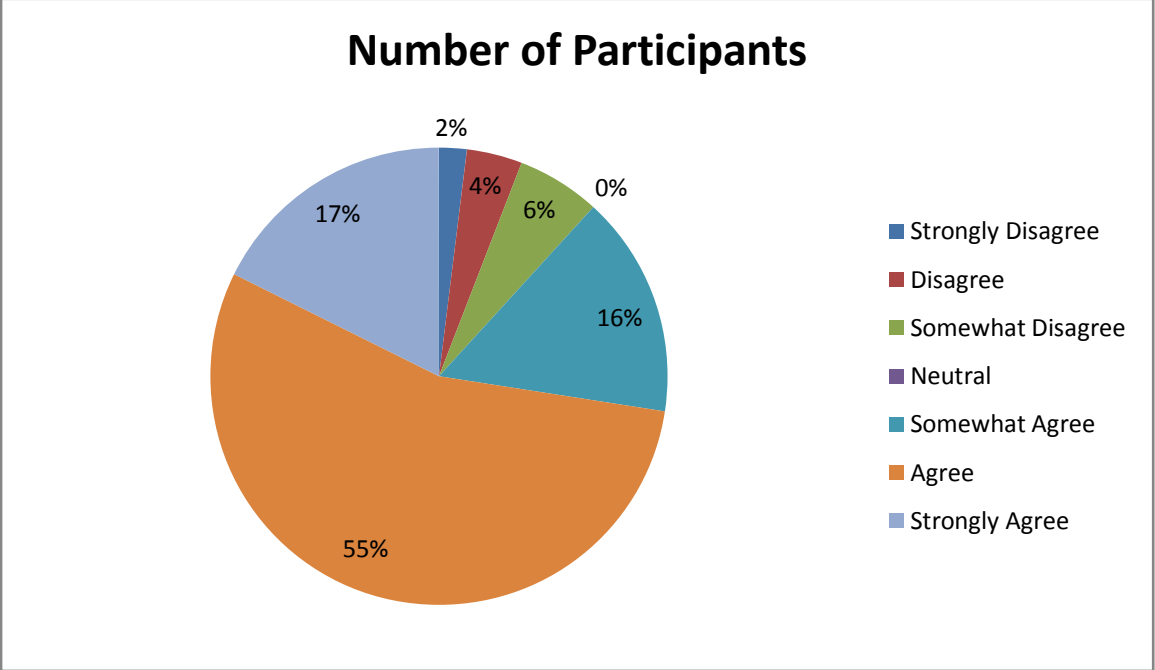
12. I talk things over with my mother.



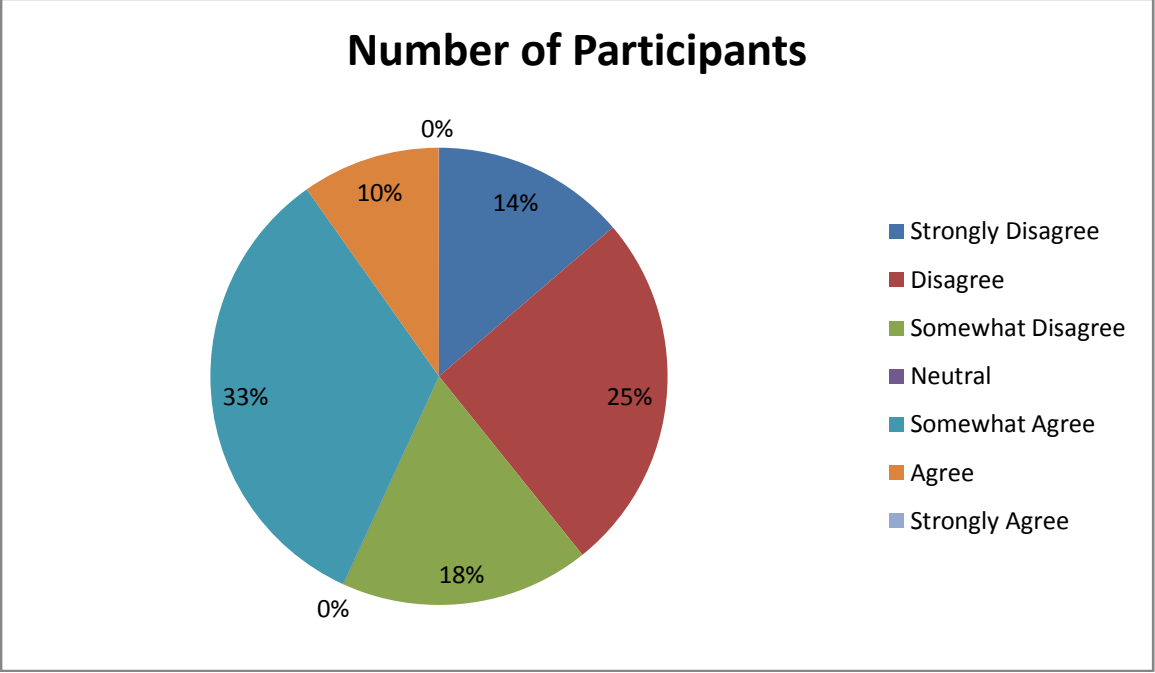
13. I talk things over with my father.



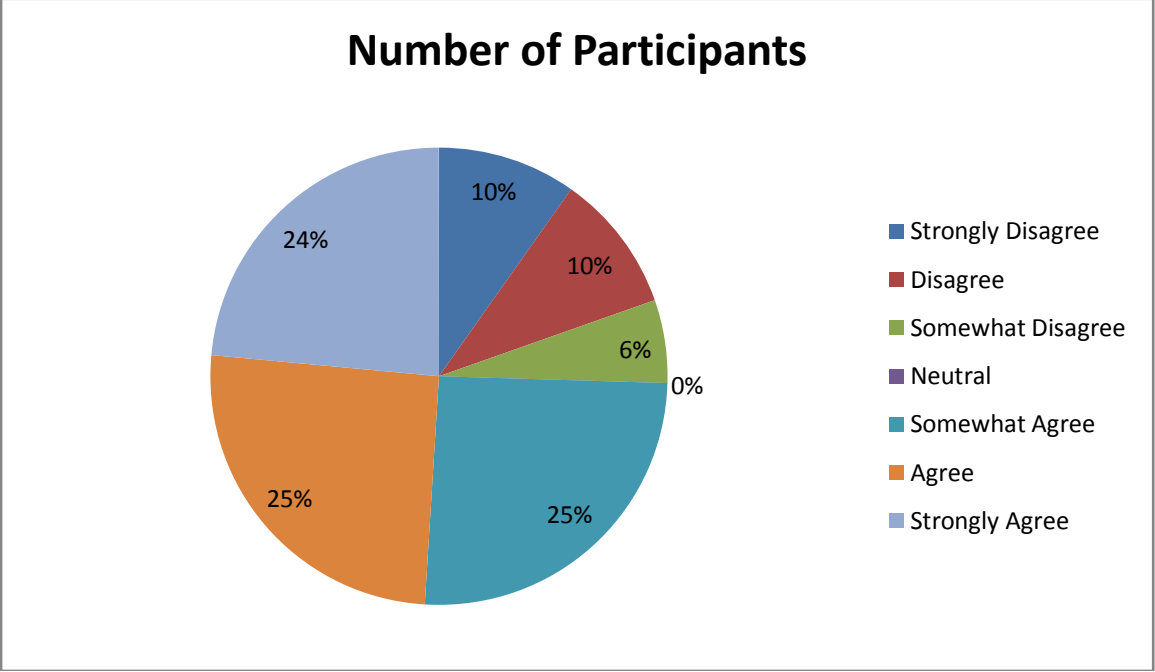
14. I talk things over with my best friend.



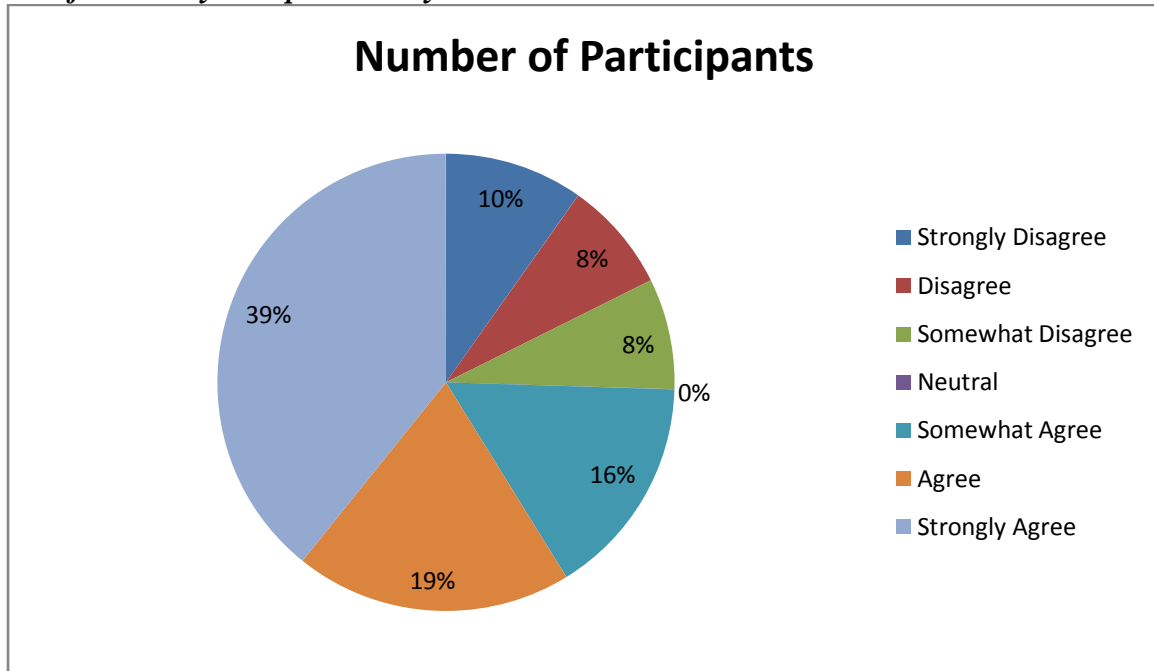
15. I talk things over with people in general.



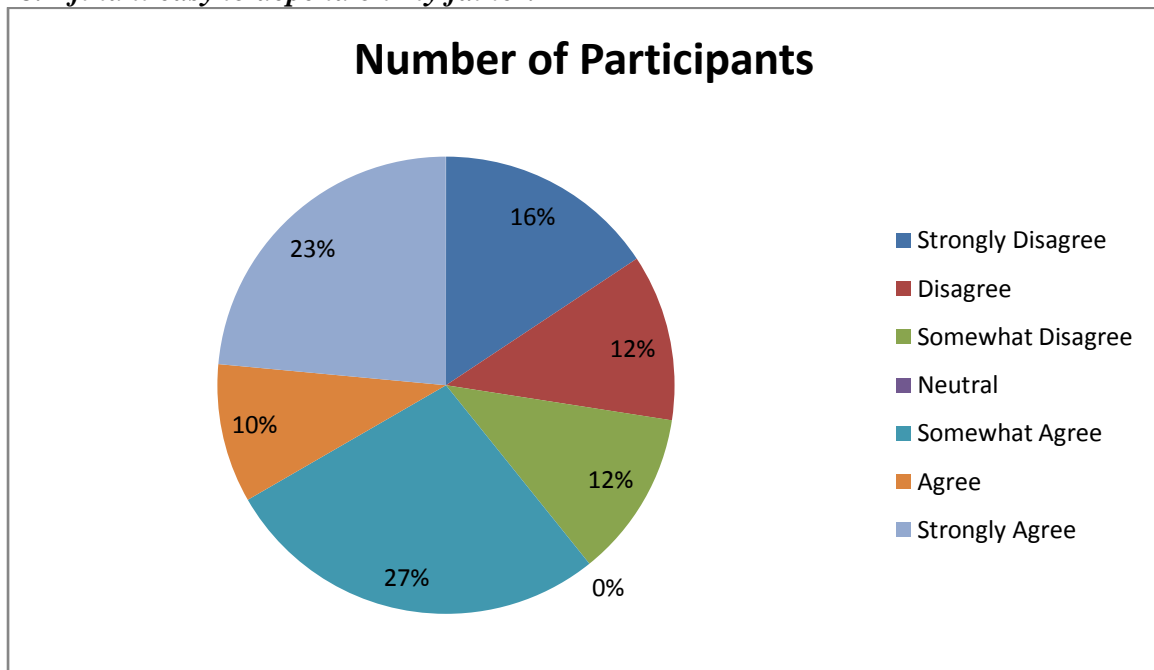
16. I find it easy to depend on my partner.



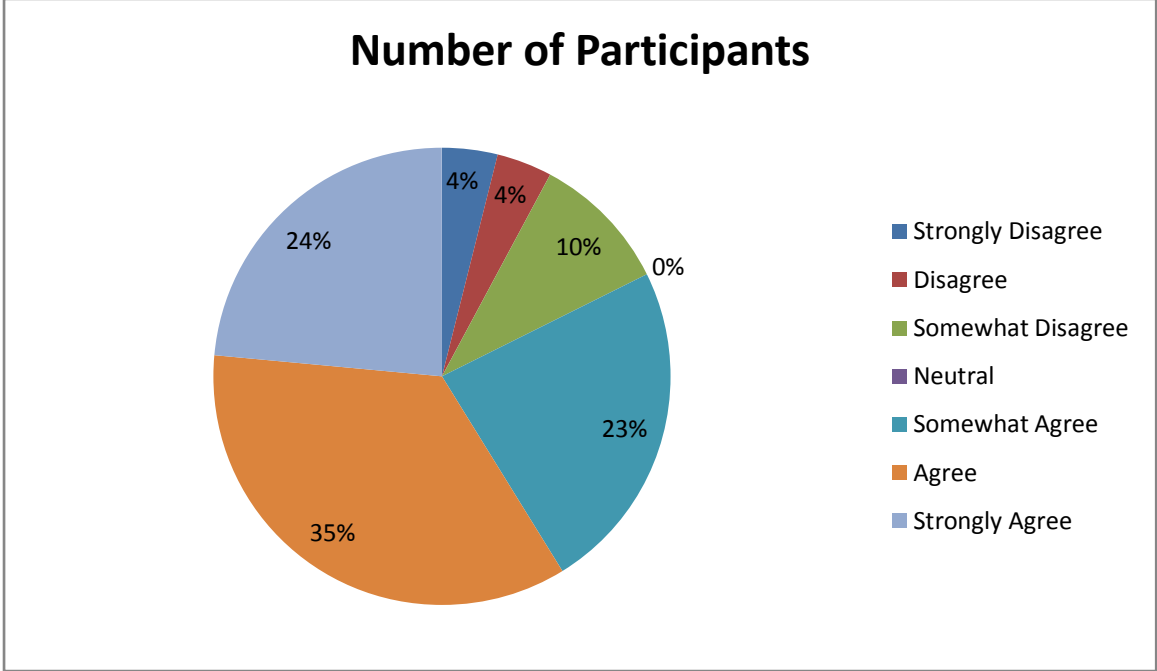
17. I find it easy to depend on my mother.



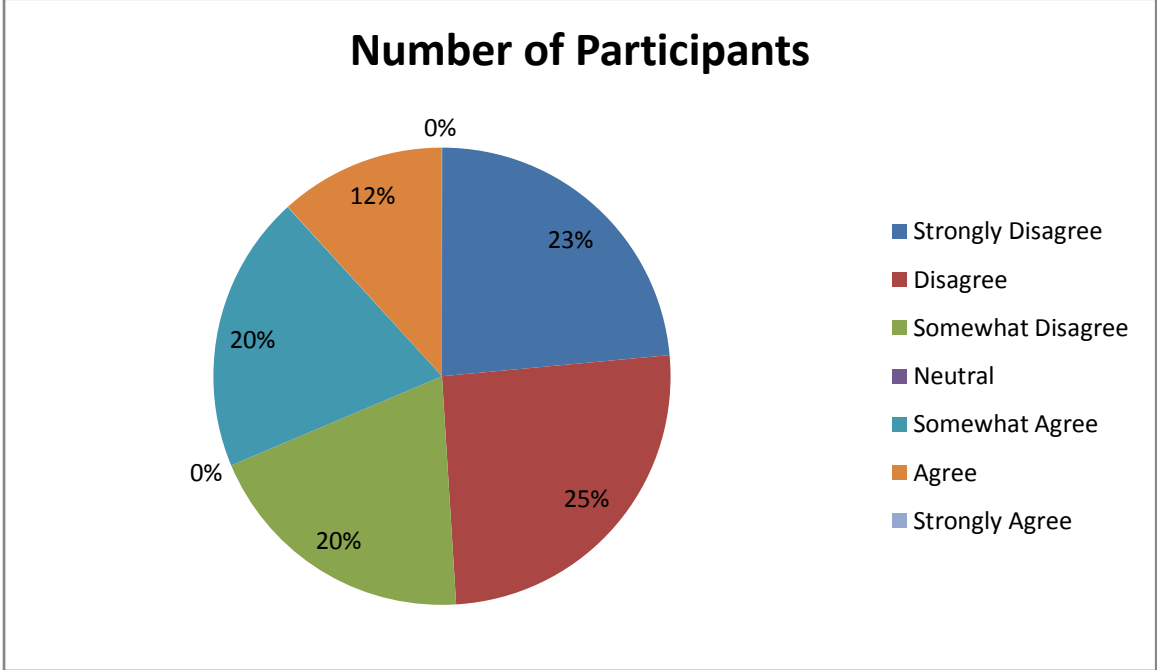
18. I find it easy to depend on my father.



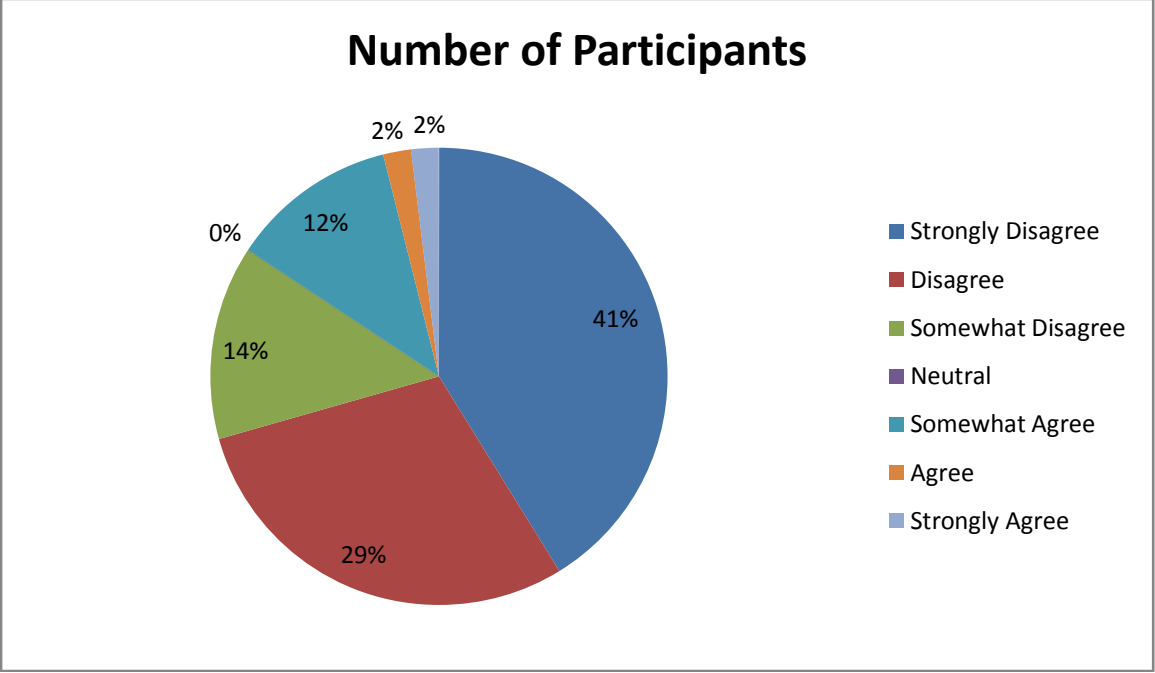
19. *I find it easy to depend on my best friend.*



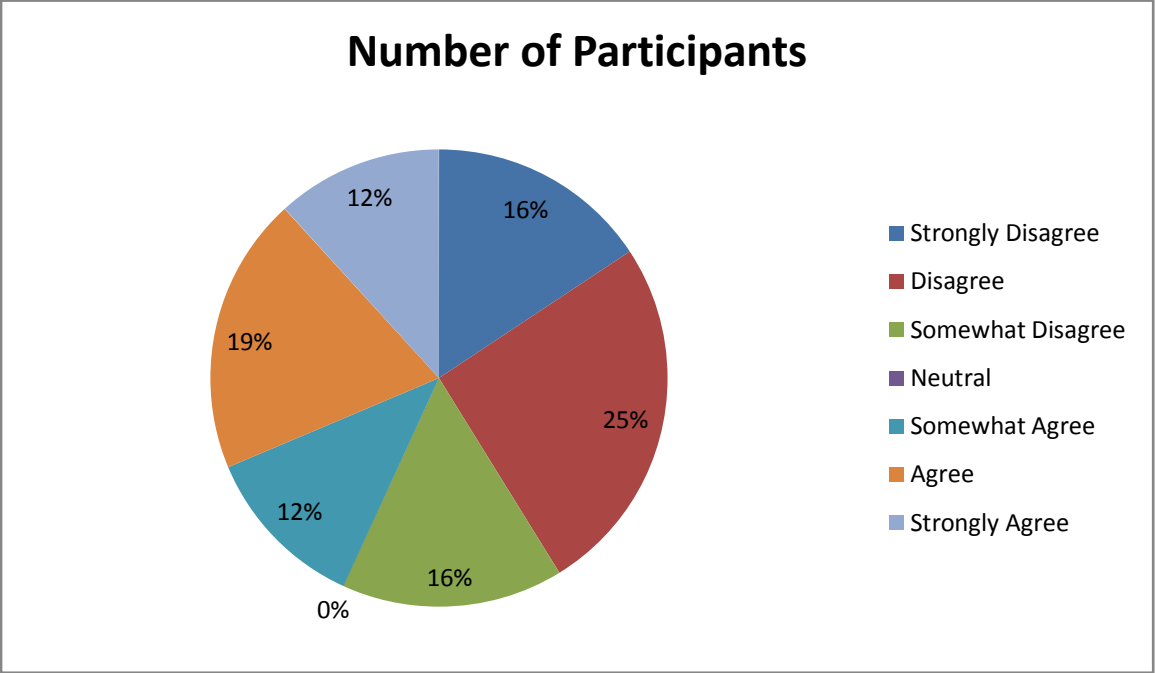
20. *I find it easy to depend on people in general.*



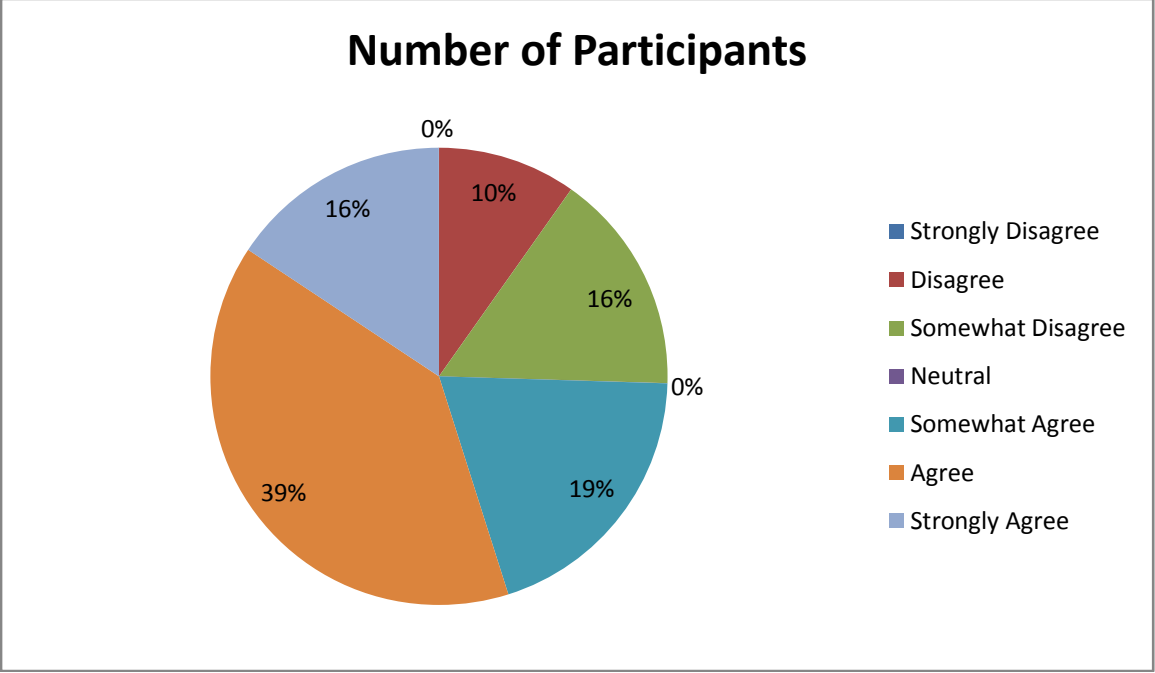
21. *I don't feel comfortable opening up to my partner.*



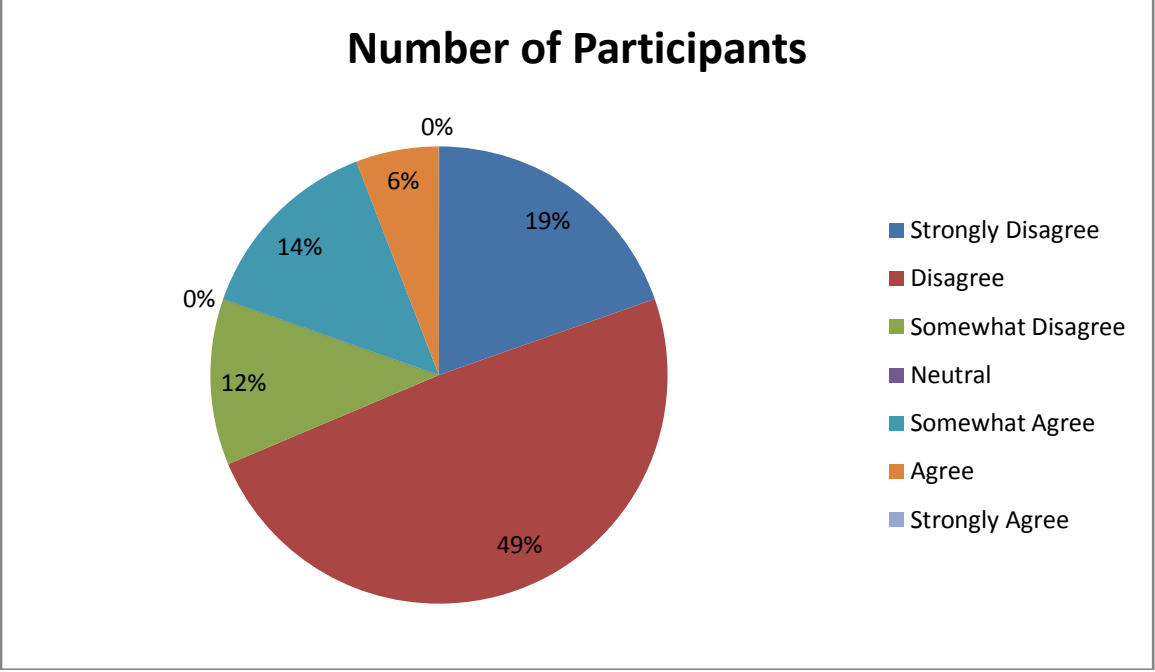
22. *I don't feel comfortable opening up to my mother.*



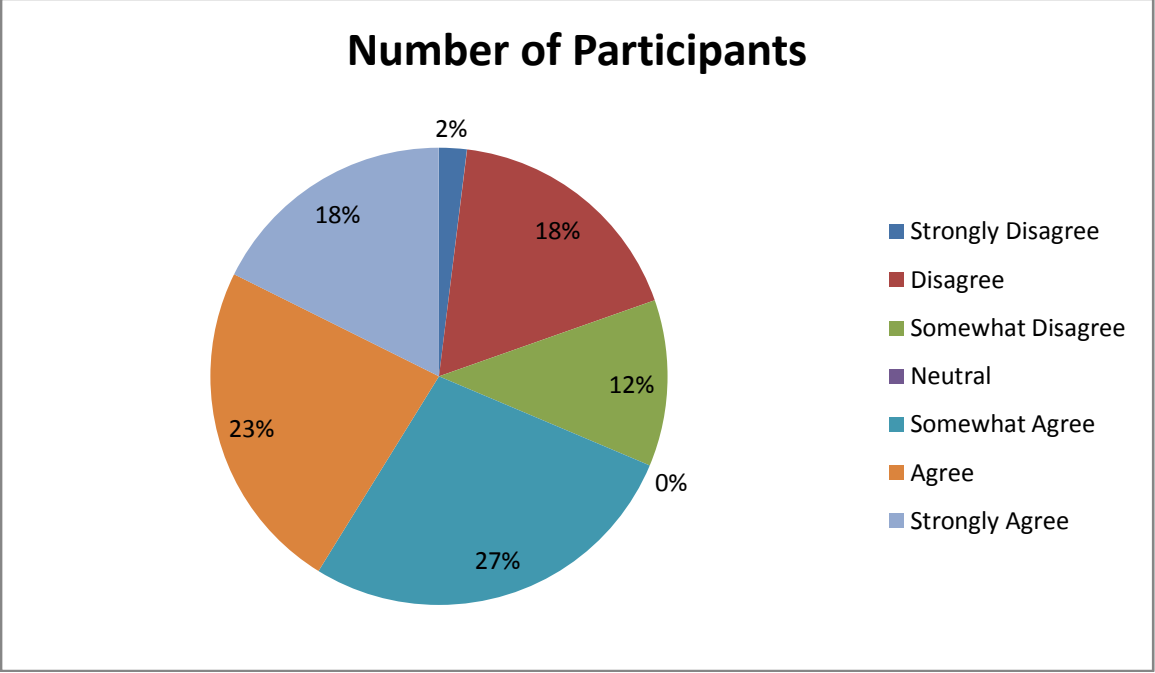
23. *I don't feel comfortable opening up to my father.*



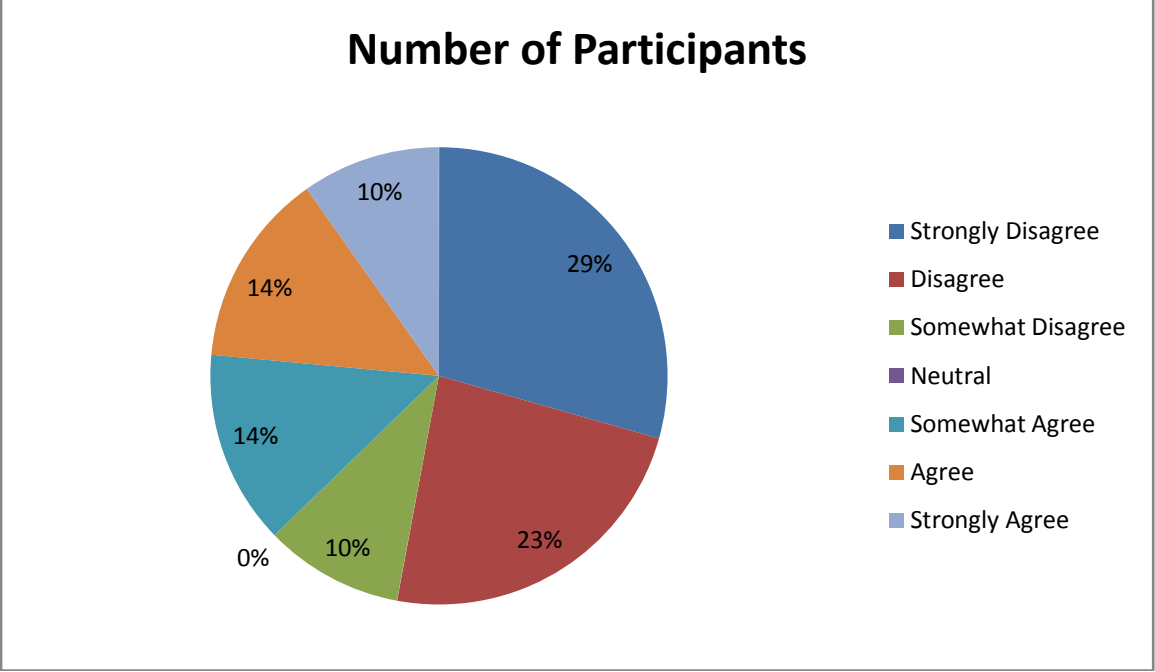
24. *I don't feel comfortable opening up to my best friend.*



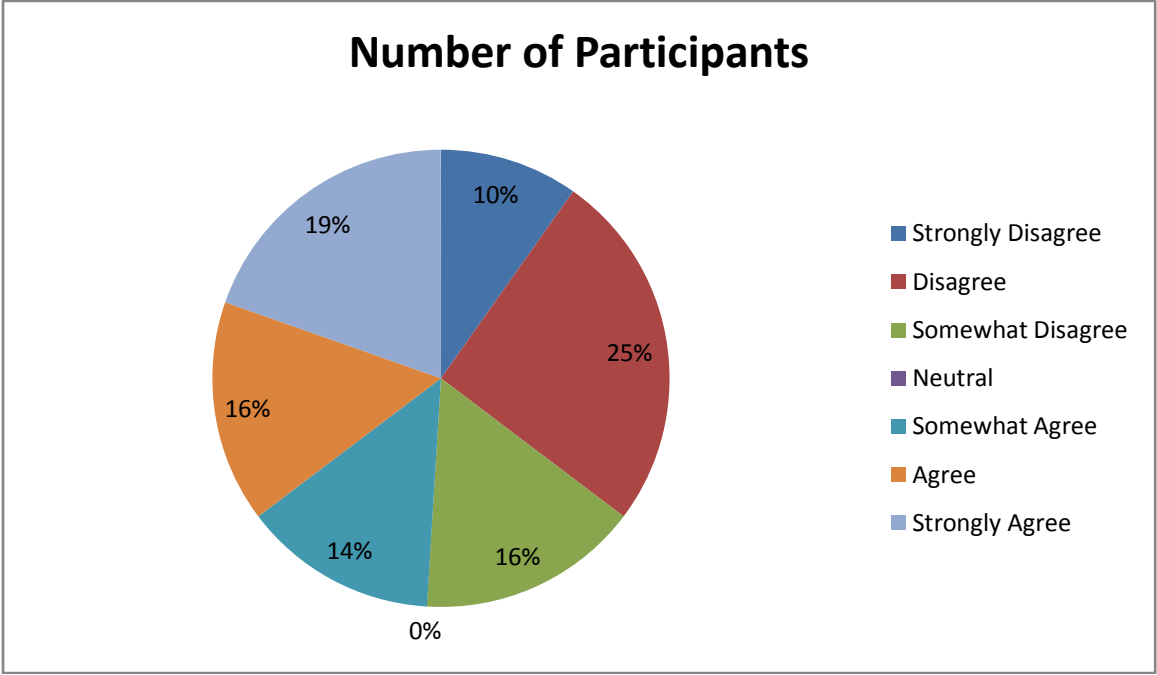
25. *I don't feel comfortable opening up to people in general.*



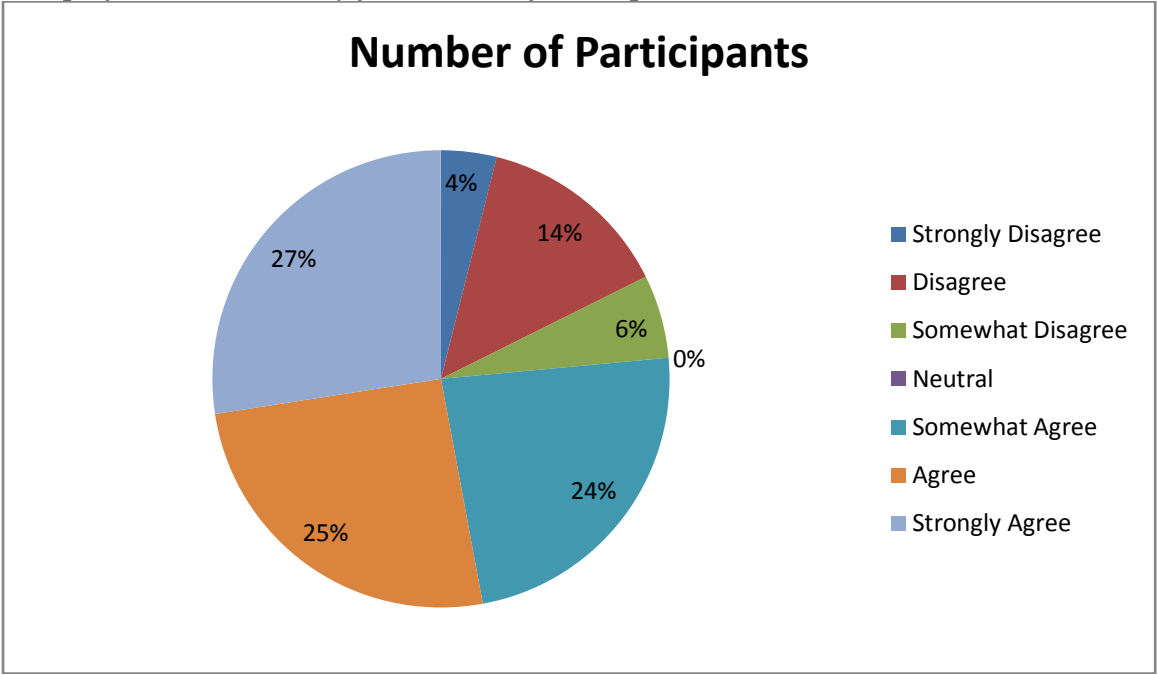
26. *I prefer not to show my partner how I feel deep down.*



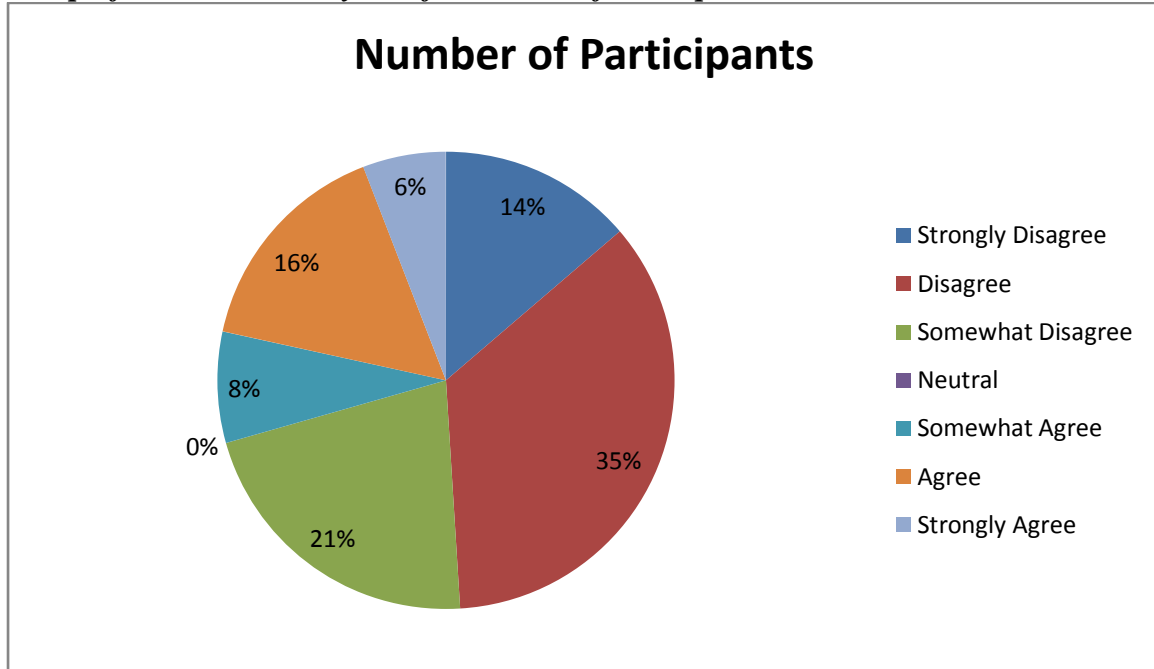
27. *I prefer not to show my mother how I feel deep down.*



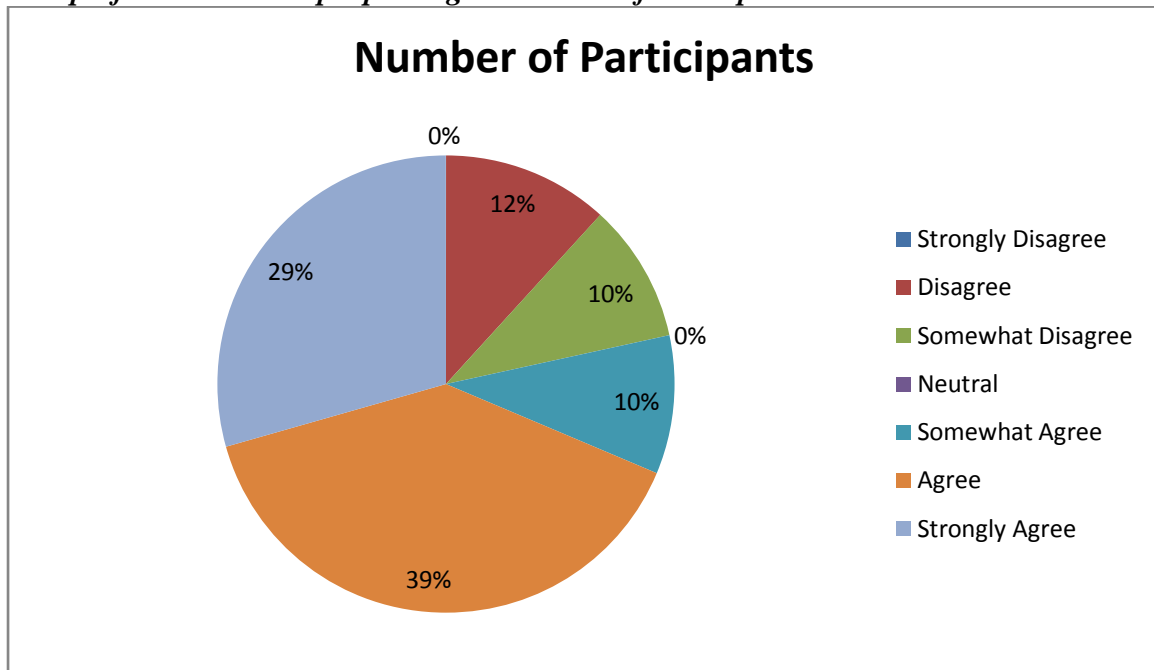
28. *I prefer not to show my father how I feel deep down.*



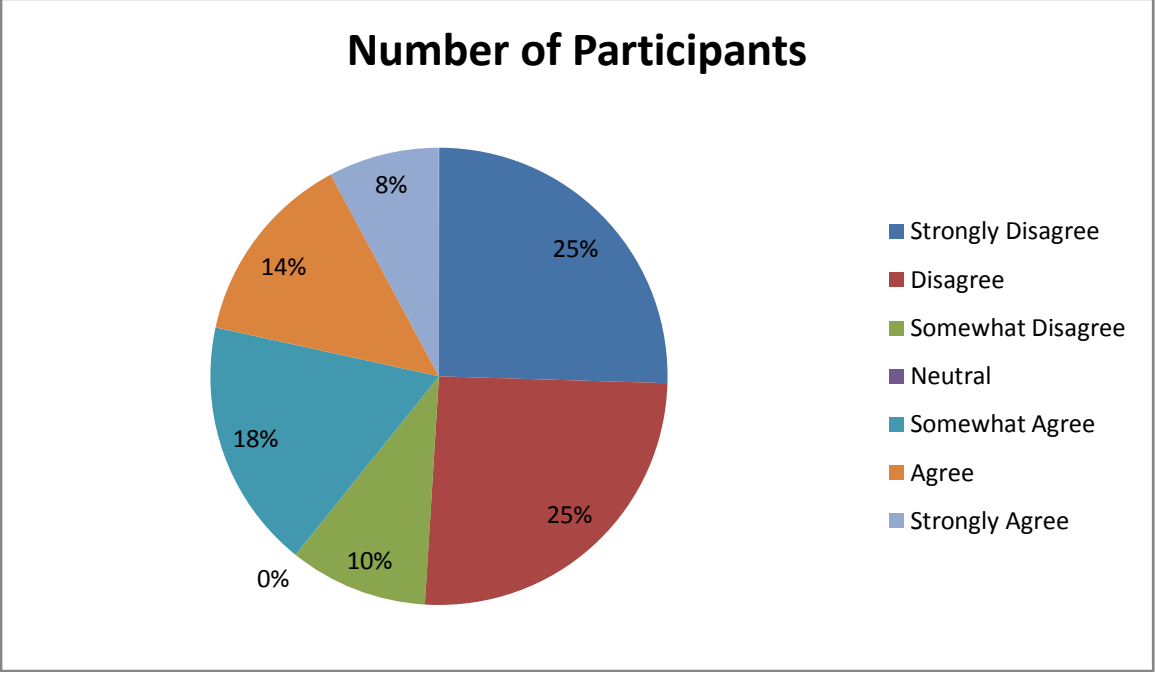
29. *I prefer not to show my best friend how I feel deep down.*



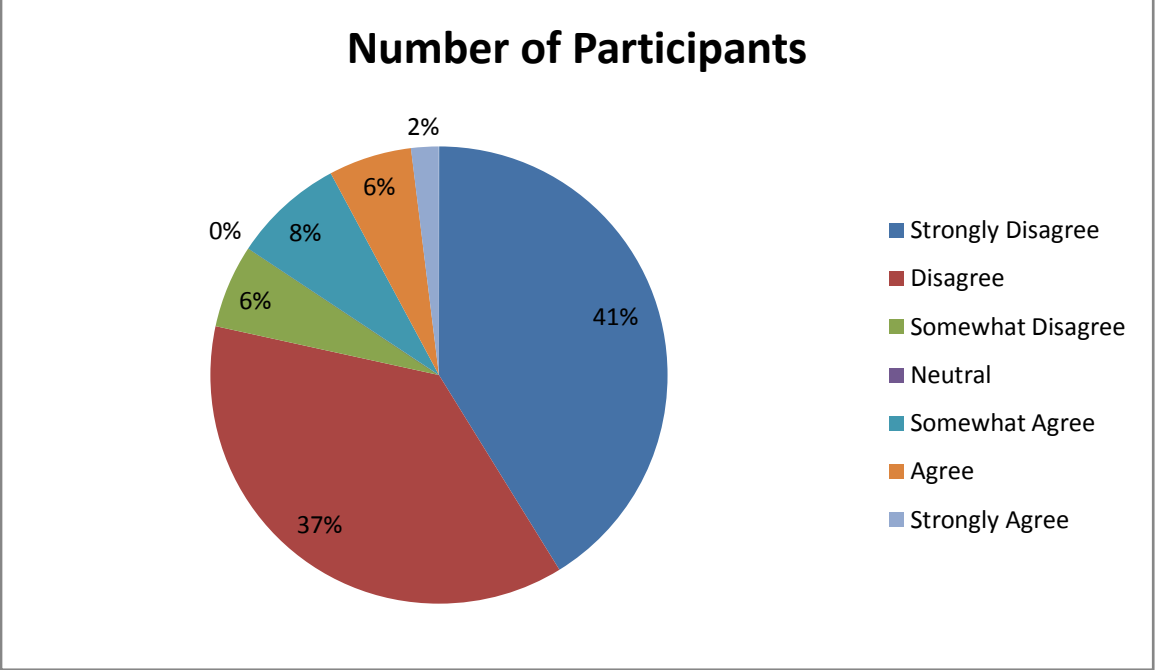
30. *I prefer not to show people in general how I feel deep down.*



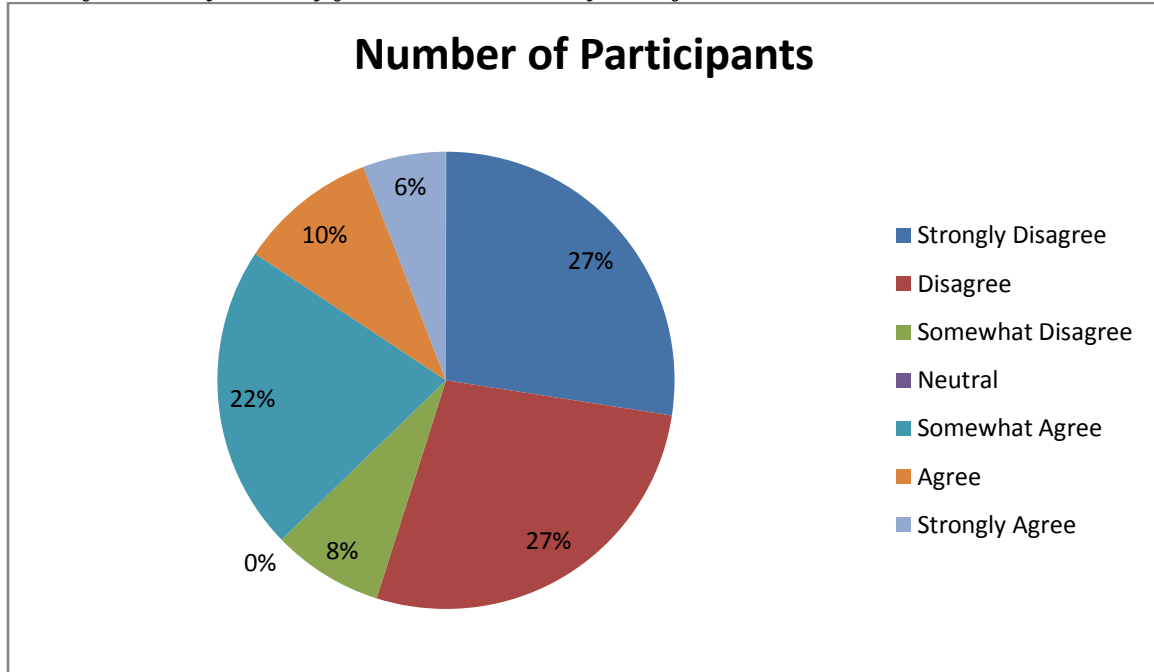
31. *I often worry that my partner doesn't really care for me.*



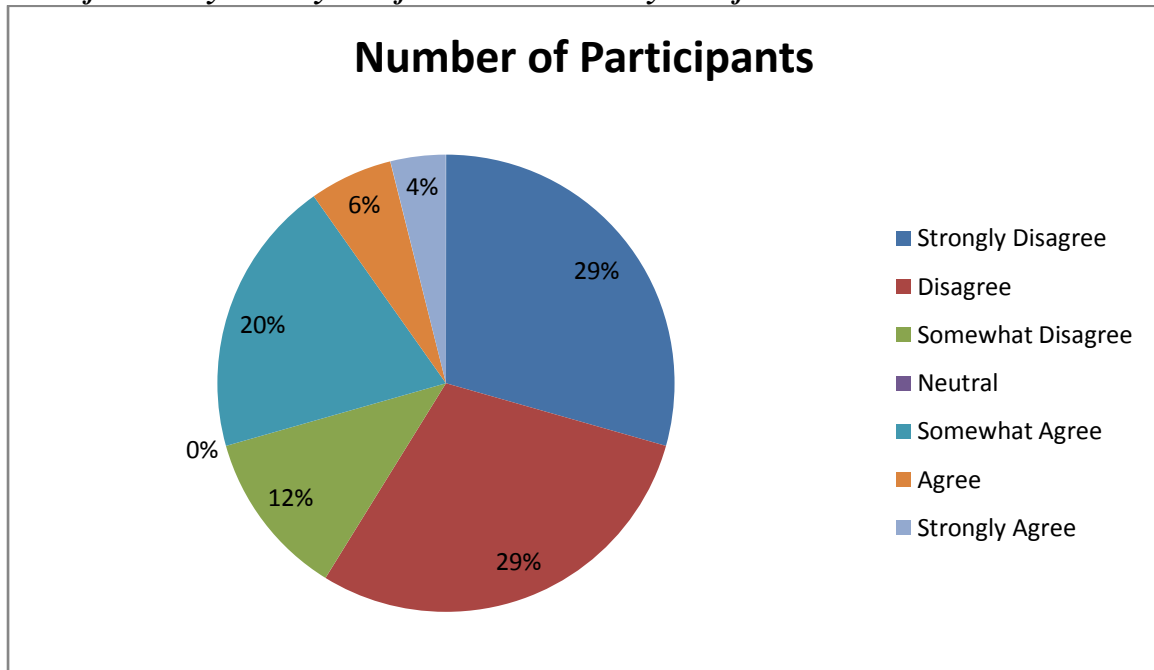
32. *I often worry that my mother doesn't really care for me.*



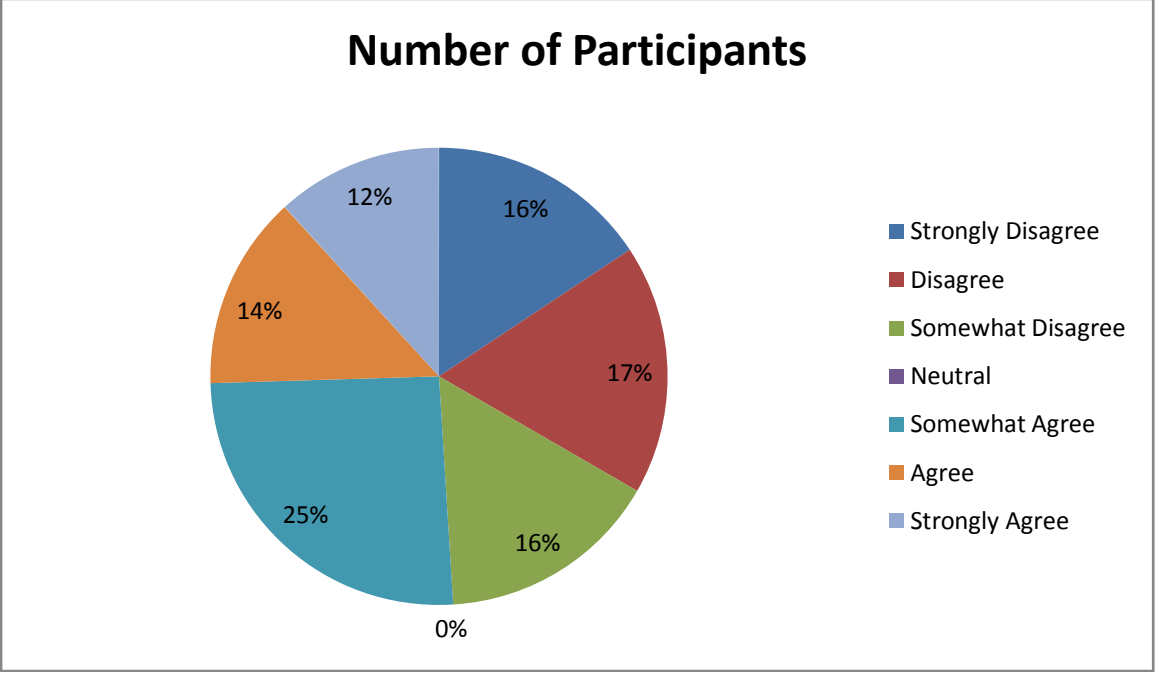
33. *I often worry that my father doesn't really care for me.*



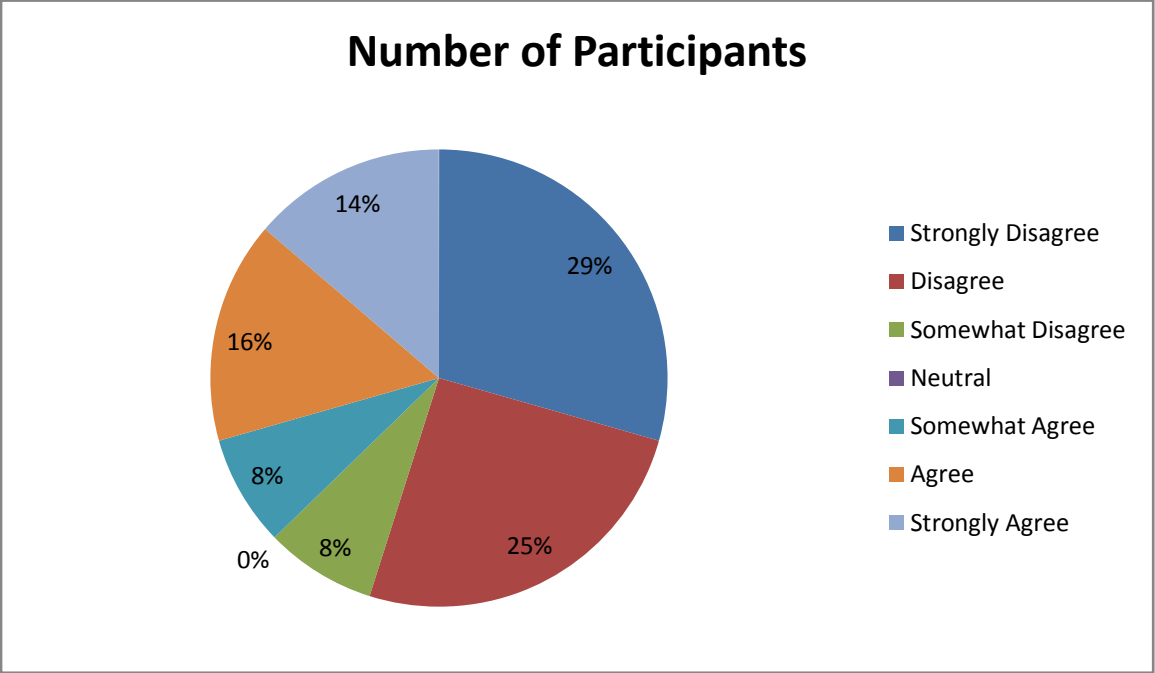
34. *I often worry that my best friend doesn't really care for me.*



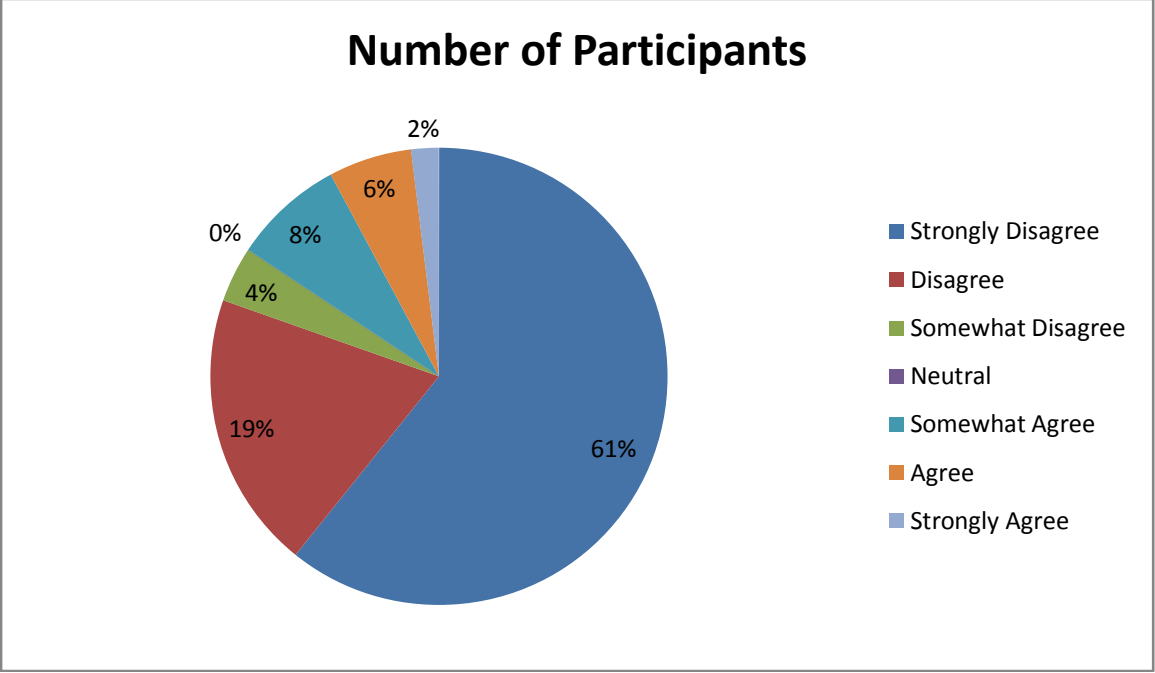
35. *I often worry that people in general don't really care for me.*



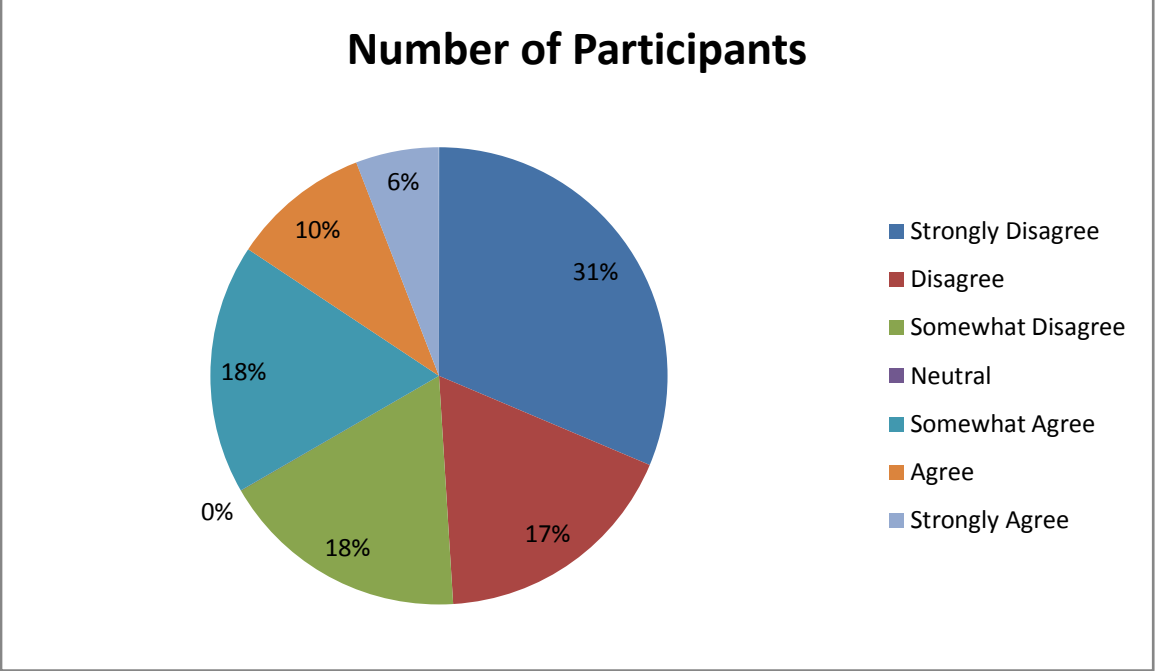
36. *I'm afraid that my partner may abandon me.*



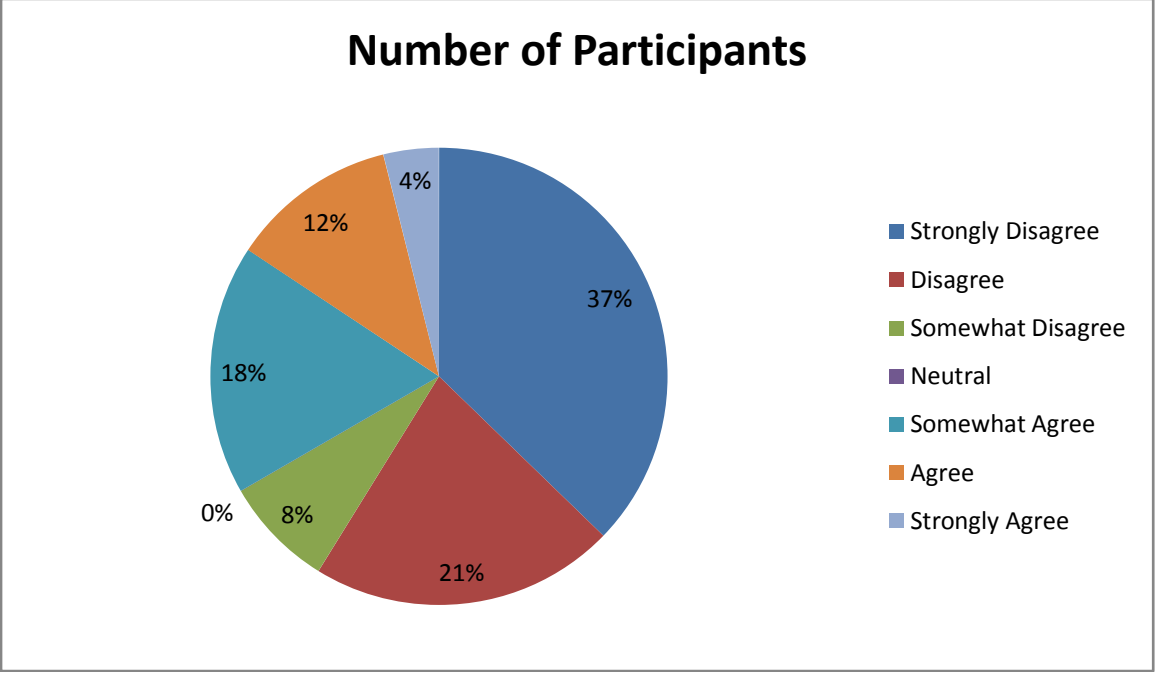
37. *I'm afraid that my mother may abandon me.*



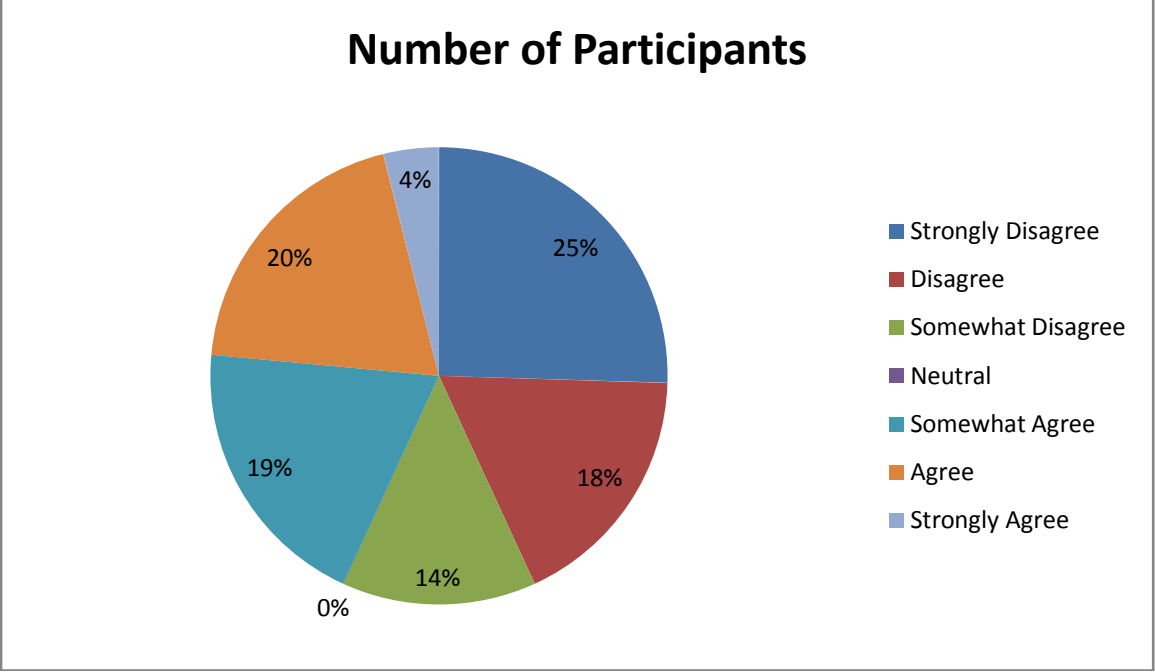
38. *I'm afraid that my father may abandon me.*



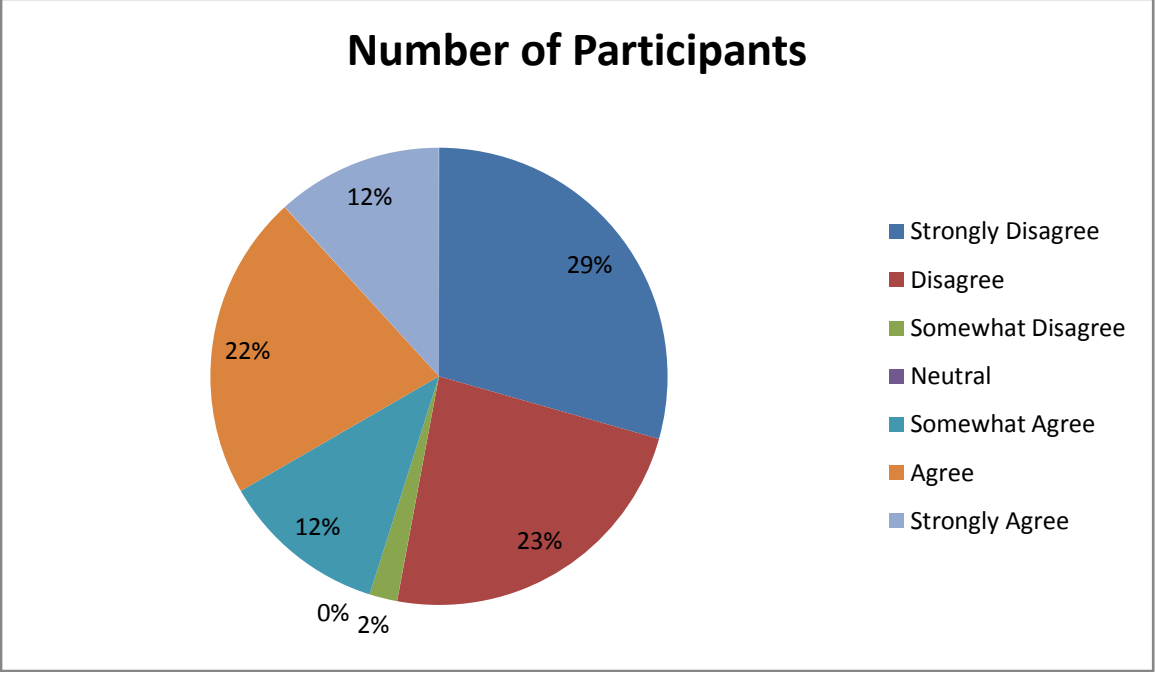
39. *I'm afraid that my best friend may abandon me.*



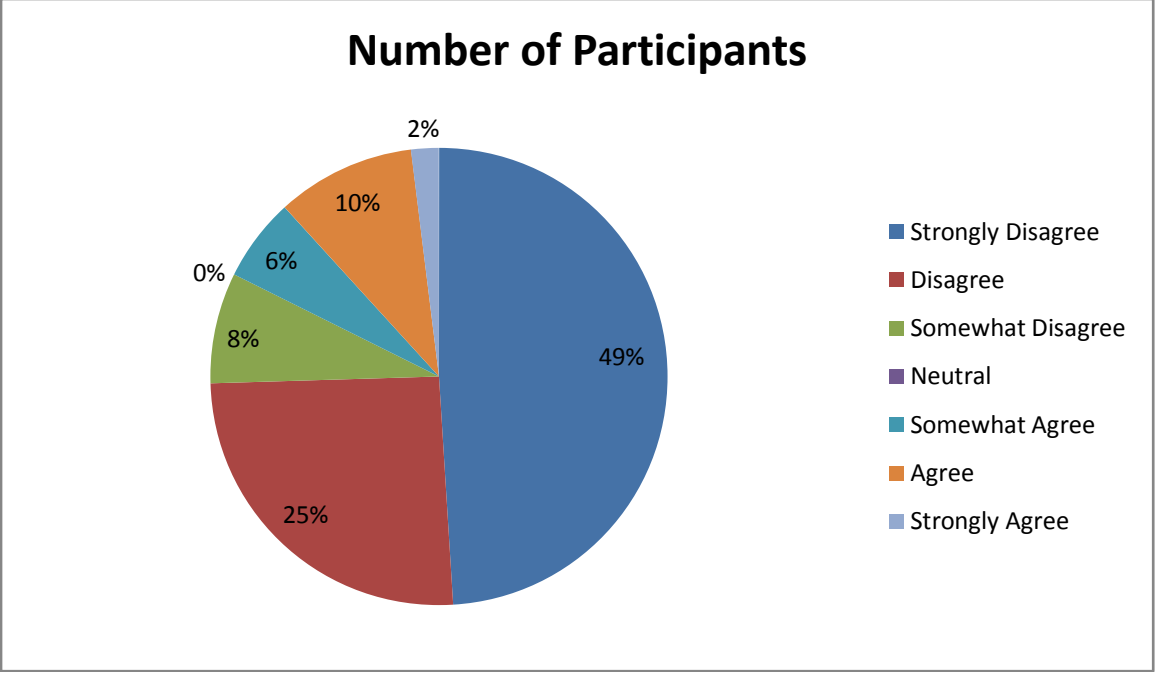
40. *I'm afraid that people in general may abandon me.*



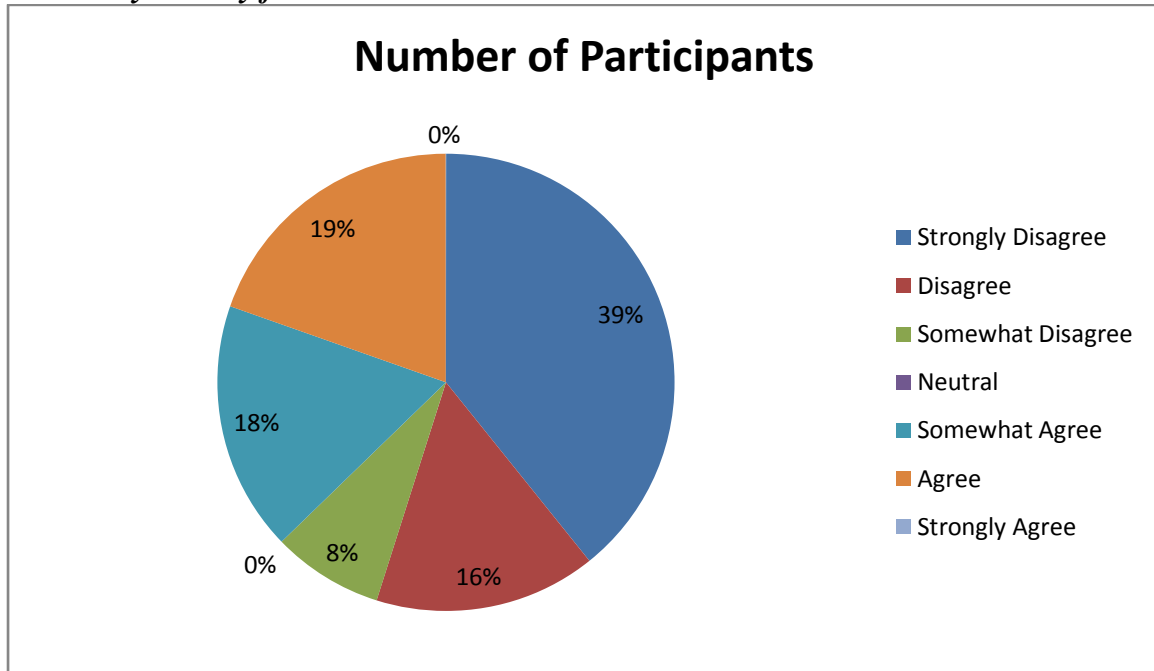
41. I worry that my partner won't care about me as much as I care about him/her.



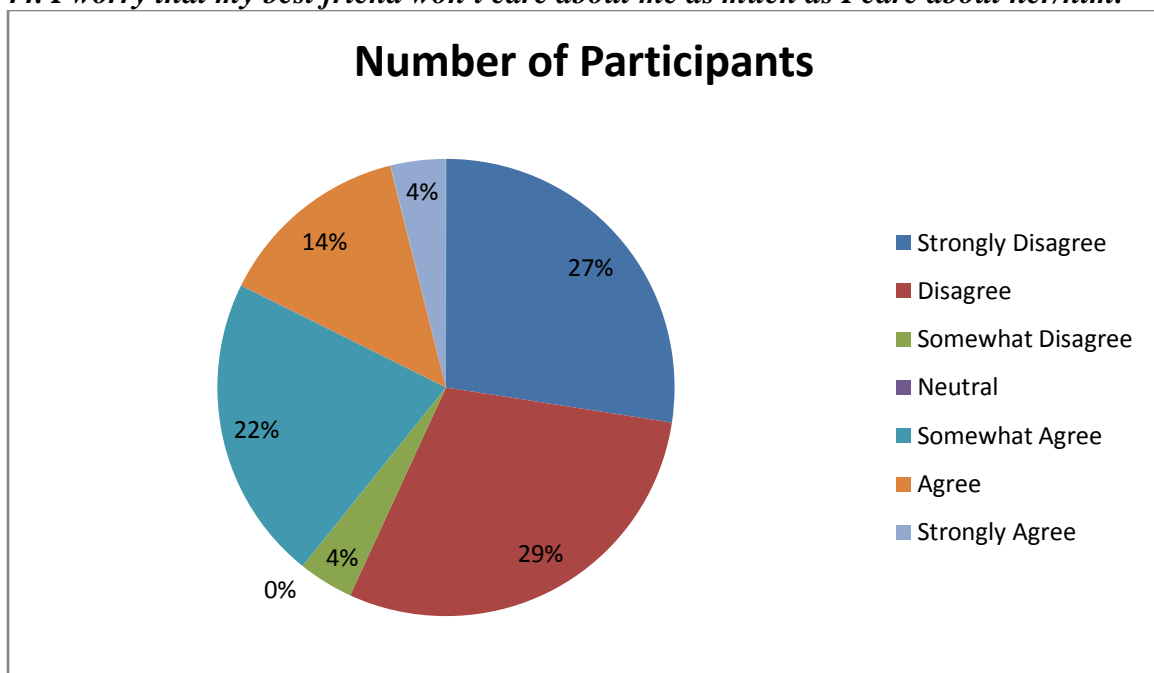
42. I worry that my mother won't care about me as much as I care about her.



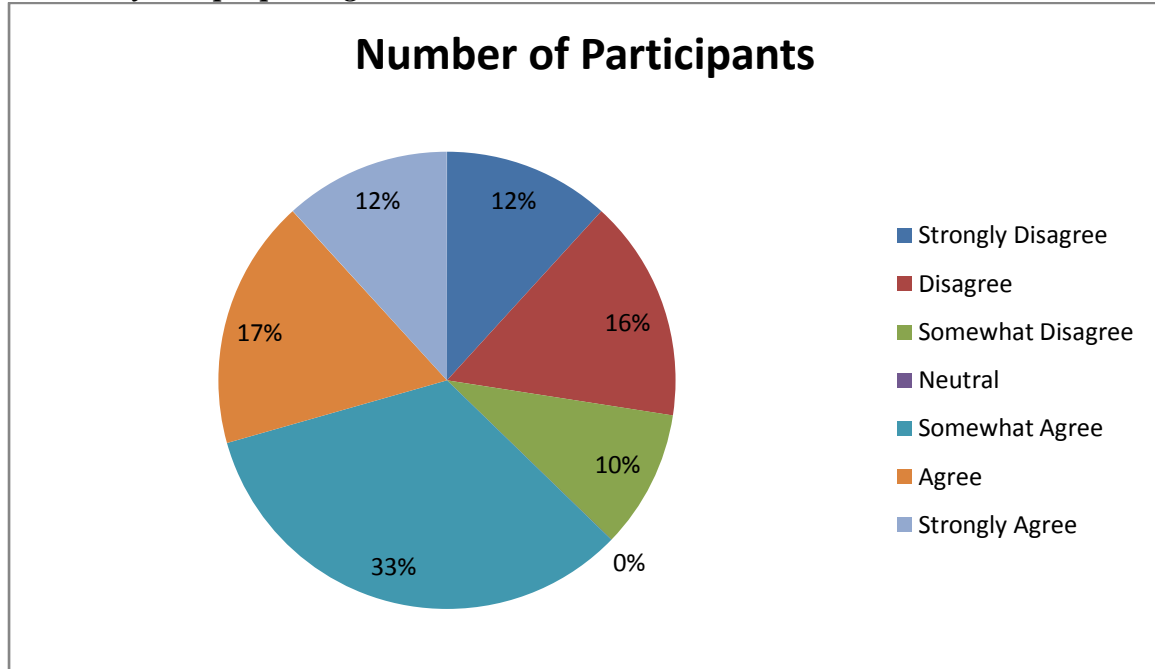
43. *I worry that my father won't care about me as much as I care about him.*



44. *I worry that my best friend won't care about me as much as I care about her/him.*



45. I worry that people in general won't care about me as much as I care about them.



SCORING

Attachment-related Avoidance

Low Avoidance Range

1-4

High Avoidance Range

4-7

Relationship	Average Score	Result	Interpretation
Partner	2.61	Low Avoidance	Secure
Mother	4.47	High Avoidance	Dismissive
Father	4.74	High Avoidance	Dismissive
Best Friend	2.16	Low Avoidance	Secure
General	2.96	Low Avoidance	Secure

Attachment-related Anxiety

Low Anxiety Range

1-4

High Anxiety Range

4-7

Relationship	Average Score	Result	Interpretation
Partner	3.33	Low Anxiety	Secure
Mother	2.61	Low Anxiety	Dismissive
Father	3.40	Low Anxiety	Dismissive
Best Friend	3.07	Low Anxiety	Secure
General	3.87	Low Anxiety	Secure

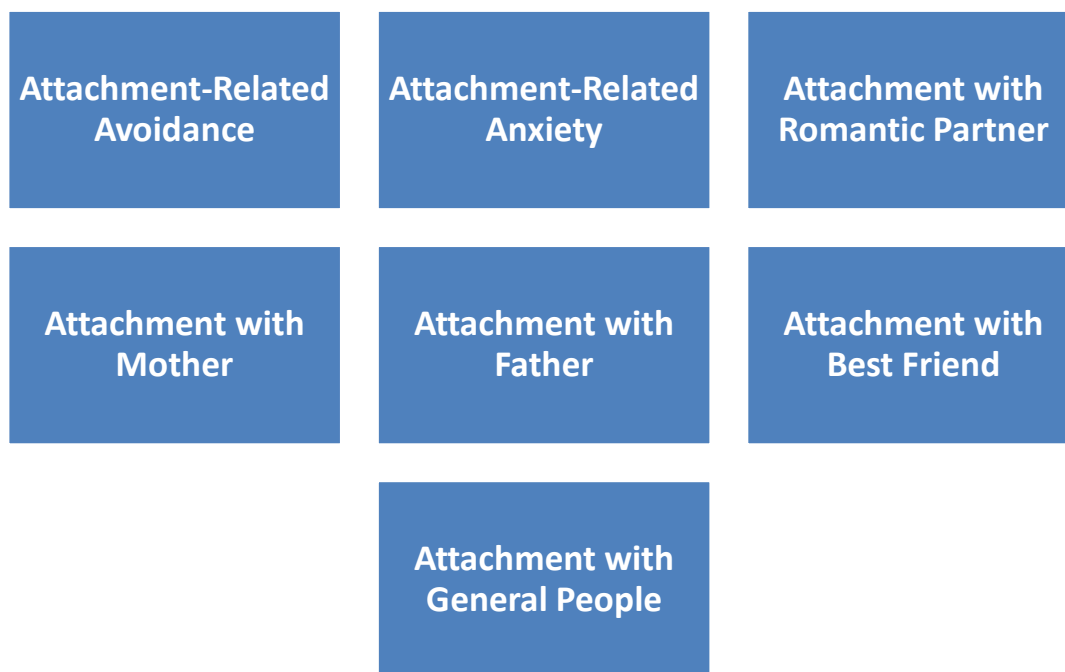
DISCUSSION

The trauma of being sexually abused as children is something that can never be undone. Sexual abuse is a common and serious public health problem impacting millions of people each year throughout the world. Survivors of childhood sexual abuse may experience single or multiple incidents that impact their physical, behavioural, cognitive, or emotional functioning (Green, 1996; Stauffer & Deblinger, 1996). Childhood sexual abuse may not often result in permanent physical injuries or produce obvious observable evidence; however, it can be associated with various psychological and behavioural problems well into adulthood. There is no sexual abuse syndrome or single response pattern for victims who are sexually abused.

On the basis of meta-analysis of past researches, it has been concluded that young adults, who have faced sexual abuse in their childhood, even if it is not intercourse, are psychologically impacted in short-term as well as long-term. These various psychological issues include posttraumatic stress disorder, depression, anxiety and stress, paranoia and fear, eating disorder, sleeping disorder, suicidal ideation, self-injurious behaviour, and substance abuse, to name a few. Victims often have discomfort discussing their experience and also develop a sense of distrust toward others. The victims, in some cases, also feel uncomfortable interacting with the opposite sex.

Although clinically it is generally well accepted that young adults with a history of childhood sexual abuse are more likely than individuals without such a history to experience relationship and interpersonal issues, diminutive methodical investigation of this question has been conducted and even little review of the literature on this topic is available. The purpose of this study was, therefore, to delve into this critically important but often overlooked aspect of attachment styles in young adults with a history of childhood sexual abuse. Though characterized by several methodological limitations, many studies, as a whole, suggest that early sexual abuse symbolizes a risk factor for a series of interpersonal dysfunction among survivors, including problems with intimate partner relationships, distressed sexual functioning, and difficulties in the parental role. Interpersonal difficulties and dysfunctions are reviewed in various studies; however, the kinds of these interpersonal issues have not been explored in depth.

To understand this study better, there are 7 themes for thematic analysis that go on to explain how childhood sexual abuse impacts attachment patterns in young adulthood. These 7 themes are:



- Attachment Related Avoidance

The avoidance dimension represents the extent to which people are uncomfortable opening up to others and depending on them. It is seen that attachment-related avoidance is low in the domains of romantic partner, best friend, and general global relationships. However, in parental attachment, there seems to be high avoidance, with average scores of 4.47 and 4.74 for attachment with mother and father, respectively. This indicates a dismissive style of attachment between the participants and their parents/parental figures. People with a dismissing attachment style have an internal working model with a positive view of self and a negative view of others. They place little, if any, value in intimacy and are consequently counter-dependent in their relationships, choosing independence and autonomy over relational interdependence (Bartholomew & Horowitz, 1991).

- Attachment Related Anxiety

The anxiety dimension signifies the degree to which people tend to worry about attachment-related concerns, such as the availability and responsiveness of an attachment figure. In this study, it is seen that attachment-related anxiety is low in all five domains of study, indicating secure attachment with romantic partner, best friend, and general global people, but dismissive with parental figures due to high attachment avoidance scores.

It is important to note that just averaging scores and computing these to assess the attachment-related avoidance and anxiety do not justify the purpose of this study for various reasons. First, the means are relatively low, suggesting that the average person is relatively secure (i.e., low on attachment-related anxiety and avoidance). The major exception to this generic trend is that avoidance with mother and father tended to have an average score slightly higher to the mid-point of the scale and, accordingly, displaying higher score of avoidance for these two domains on the spectrum. Second, since the means are relatively low, it inaccurately concludes that the participants are secure in their attachment with the relational domains of study of this research. This further negates the responses received for each item to understand the perception of individual attachment.

- **Attachment with Romantic Partner**

By focusing on each item of the test, the attachment with romantic partner for most of the participants seems relatively secure with low attachment related avoidance and anxiety. Although in the first item, "It helps to turn to my partner in times of need", 41% (33/51 participants) strongly disagreed, 19% (15) strongly agreed and 26% (21) agreed, majority of the participants (35% and 26%) strongly agreed and agreed respectively about discussing problems and concerns with their partners. Attachment avoidance is also low as indicated by the majority of the participants (41% and 29% 36/51) strongly disagreeing and disagreeing about not being comfortable opening up to their partner.

With concerns to attachment-related anxiety, 29% (15) and 23% (12) strongly disagreed and disagreed when asked if they often worry that their partner does not really care about them. In fact, 60% of the participants were in the disagreeing spectrum of the scale (strongly disagree, disagree, somewhat disagree) with reference to this item. There is not much high fear of abandonment on an average, as 14% (7 participants) strongly agreed if they are afraid that their partner may abandon them. 16% (8) agreed for this statement; 29% (15) strongly disagreed and 25% (13) disagreed for the same.

- **Attachment with Mother**

As far as the attachment with mothers is concerned, it also indicates a secure pattern, with the lowest attachment-anxiety in this domain. For example, when asked if the participants worry that their mother does not really care for them, 41% (21) strongly disagreed, and 37% (19) disagreed. Only 1 participant (2%) strongly agreed to this statement, whereas 6% (3) agreed to it, indicating clearly of their attachment anxiety with their mother. Also, 61% (31/51) said that they do not fear that their mother may abandon them, with again, only 1 participant displaying the fear of maternal abandonment.

With reference to attachment related avoidance items, about 36% of the sample size falls in the agreement spectrum when asked if they prefer not to show their mothers how they feel deep down. Again, 36% falls in the agreement spectrum when asked if they do not feel comfortable opening up to their mothers. Although, 16% (8) strongly disagreed to the same. At the same time, 39% (20) strongly agree to being able to easily depend on their mothers, whereas 10% strongly disagree, and 8% disagree. When it comes to turning to their mothers in need, 35% strongly agree with 4% strongly disagreeing. 38% usually discuss their problems and concerns with their mothers, with 26% of the sample size disagreeing to discuss their problems and concerns with their mothers.

On discussion with the participants, the main reason for not being able to show their feelings to their mothers or for being unable to talk about their concerns and problems with them started from the incident of childhood sexual abuse. Since the participants were either unable to disclose the abuse with their mothers, or were asked to dismiss the incident, the participants thus grew up with a dismissive style of attachment with their maternal figures.

- **Attachment with Father**

Attachment with fathers seems to be more negatively impacted as compared to attachment with mothers. Attachment-related avoidance is the highest in this relational domain. For instance, when the participants were asked if it helps to turn to their father in times of need, 12% (6) strongly disagreed and 21% disagreed with about 20% (10) of the participants agreeing with this statement. Furthermore, for the item, "I usually discuss my problems and concerns with my father", not a single participant strongly agreed with it with only 14% (7)

agreeing with it; 12% (6) strongly disagreed, 35% (18) disagreed, and 22% (11) somewhat disagreed with this statement. 16% (8) strongly agreed when asked if they do not feel comfortable opening up to their father, and 39% (20) agreed to the same. Not a single participant strongly disagreed with the statement, and about 5 participants (10%) disagreed with them same. Similarly, only 18% fall in the disagreeing spectrum when asked if they prefer not to show to their father how they feel deep down. 27% (14) strongly agreed, and 25% (13) agreed with the same.

As with the attachment-related anxiety with mothers, participants display a relatively low anxiety level with their fathers. When asked if participants often worry that their father does not really care about them, 27% strongly disagreed with a bleak 6% strongly agreeing with the same. Similarly, talking about the fear of abandonment from their fathers, 31% (16) strongly disagree and 6% strongly agree. For the same question, however, 10% of the participants to agree that they are afraid that their father may abandon them, and 18% somewhat agree with being afraid of the same. 39% strongly disagree that they worry that their father will not care about them as much as they care about their father; 20%, however, does agree with the same.

As similarly with the mothers, participants expressed that during the episodes/incident of sexual abuse, they felt they could not open up to their fathers about their experience. Some of the participants were also asked by their mothers to not disclose the incident with their fathers, due to which, the participants felt their experience and opinion of the same would be shunned and not valued, or worse, “be blown out of proportion”. Since they went through their childhood and adolescent years without disclosing about their incident and being unable to trust their fathers with the same, the same dismissive style of attachment has carried on in their young adulthood years as well.

- Attachment with Best Friend

Attachment pattern with the best friend is the most secure across the 5 relational domains, according to this study. Attachment-related avoidance as well as attachment-related anxiety is very low for this domain. 33% (11) strongly agree with the fact that it helps to turn to their best friend in times of need, with only 1 participant (2%) strongly disagreeing with the same. 63% usually discuss their problems and concerns with their best friend, with 6% (3) of the participants disagreeing with this. 55% of the participants talk things over with their best friend but 4% of the participants do not. With reference to dependability, 82% of the participants fall in the agreement spectrum when asked if they easily depend on their best friend; 18% do not find this ease in dependability.

With anxiety related items, 29% strongly disagreed when asked if they often worry that their best friend does not really care for them; although, 6% did agree with the same. Abandonment related item shows that 19 participants (37%) strongly disagree when they are asked if they are afraid that their best friend may abandon them. It is worth mentioning here that 16% of the participants, which constitutes of 8 people, do fear of being abandoned by their participants. Similarly, 27% does not worry that their best friend does not care for them as much as they care about their best friend, but 4% agree about worrying about the same.

Given the age of the participants, most of them believed that they could only talk to their best friends about the instances of their abuse. They felt understood and not dismissed away by their friends, which explains their level of security and trust with reference to this domain. Although, in a few extreme cases, it can be noted that the participants have a highly insecure pattern of attachment with their best friends.

- **Attachment with General People**

When it concerns the general people outside the other 4 domains in the lives of the participants, this analysis shows a relatively high attachment-related avoidance pattern, with mostly a mixed response. For instances in the first item, 16% strongly disagrees and 18% disagrees about being helped by turning to people in general in times of need, with 23% agreeing to the same. Similarly, 47% does not agree about discussing their problems and concerns with people in general, but there is about 12% of the participants that does discuss their problems and concerns with people in general. When it comes to dependability, 48% of the participants do not find it easy to depend on people in general, with 12% finding it relatively easier to depend on people in general. 18% of the participants strongly agree when they are asked if they do not feel comfortable opening up to people in general with only 1 participant (2%) strongly disagreeing with the same.

Attachment-related anxiety is relatively medium when it concerns people in general, outside the four intimate relational domains. When asked if the participants often worry that the people in general don't really care for them, 16% (8) strongly disagreed whereas 12% strongly agreed to the same. 17% disagreed to the previous item and 14% agreed with the same. Fear of abandonment is also relatively dissimilar in the participants, with 20% (10) agreeing that they are afraid that people in general may abandon them, and 18% (9) disagreeing facing this fear. Lastly, when asked if the participants worry that the people in their life will not care for them as much as they care about those people, 12% (6) strongly disagreed, with 12% (6) strongly agreeing. In the same manner, 16% (8) disagreed worrying about this point, but 17% worried about the same.

SUMMARY AND CONCLUSION

As mentioned before, sexual abuse often does not result in lasting physical injuries or produce clear observable evidence; however, it can be associated with various psychological and behavioral problems well into adulthood. There is no sexual abuse syndrome or single response pattern for victims who are sexually abused.

The purpose of this study was to delve into this critically important but often overlooked aspect of attachment styles in young adults with a history of childhood sexual abuse. Participants rated an initial pool of 9 items from Experiences in Close Relationships- the Relationship Structures (ECR-RS) and its extended version Global General Attachment (2014), designed to assess their attachment styles across four kinds of intimate relationships (i.e., relationships with romantic partner, mother, father, and best friends). Global General Attachment was used to assess their attachment style with general people outside these four relationships to understand the participants' social interpersonal attachment. The same 9 items were used for each domain, yielding 45 items total. For each item, participants were asked to indicate on a 7-point scale the extent to which they agreed or disagreed with the item (where 1= strongly disagree; 7 = strongly agree).

The items of ECR-RS had been selected after being modified from the ECR-R, a widely used attachment inventory intended to assess two dimensions at the core attachment patterns: *anxiety* and *avoidance*. The anxiety dimension represented the extent to which people tend to worry about attachment-related concerns; the avoidance dimension represented the extent to which people are uncomfortable opening up to others and depending on them (Fraley et al., 2000). Each of the 5 domains was assessed to understand the general working models of the participants via the ECR-RS by averaging the items from each domain. Following the tool's scorecard (attached in the appendix), the scoring and interpretation were conducted of the sample. To understand the attachment styles better, this study focused on 7 themes for thematic analysis that went on to explain how childhood sexual abuse impacts attachment patterns in young adulthood. These 7 themes are:

1. Attachment-related anxiety
2. Attachment –related avoidance
3. Attachment with romantic partner
4. Attachment with mother
5. Attachment with father
6. Attachment with best friend
7. Attachment with people in general

It was seen that attachment-related avoidance is low in the domains or romantic partner, best friend, and general global relationships. However, in parental attachment, there seems to be high avoidance, with average scores of 4.47 and 4.74 for attachment with mother and father, respectively. This indicated a dismissive style of attachment between the participants and their parents/parental figures.

For the next theme, it was seen that attachment-related anxiety is low in all five domains of study, indicating secure attachment with romantic partner, best friend, and general global people, but dismissive with parental figures due to high attachment avoidance scores. Attachment pattern with romantic partner for most of the participants seemed relatively secure with low attachment related avoidance and anxiety. Attachment with fathers seemed to be more negatively impacted as compared to attachment with mothers. Attachment-related avoidance was the highest in this relational domain. Attachment pattern with the best friend

was the most secure across the 5 relational domains, according to this study. Attachment-related avoidance as well as attachment-related anxiety was very low for this domain. When concerning the general people outside the other 4 domains in the lives of the participants, this analysis shows a relatively high attachment-related avoidance pattern, with mostly a mixed response. Attachment-related anxiety was relatively medium when it concerns people in general, outside the four intimate relational domains.

This paper shows the absolute importance of immediate therapeutic intervention with victims of childhood sexual abuse, in order for them to develop healthy attachment patterns and interpersonal relationships. Therapeutic intervention can help in a number of ways, including developing an insight into the nature of feelings that are arising, clarifying values and choices, helping with anger management and communication skills, uncovering and working through shame, and facilitating emotional catharsis. These therapies could be one on one with the victims as well as with the families of the victims, using family therapy models, so that they too are well prepared for the rehabilitation and acceptance of the survivors and victims of childhood sexual abuse.

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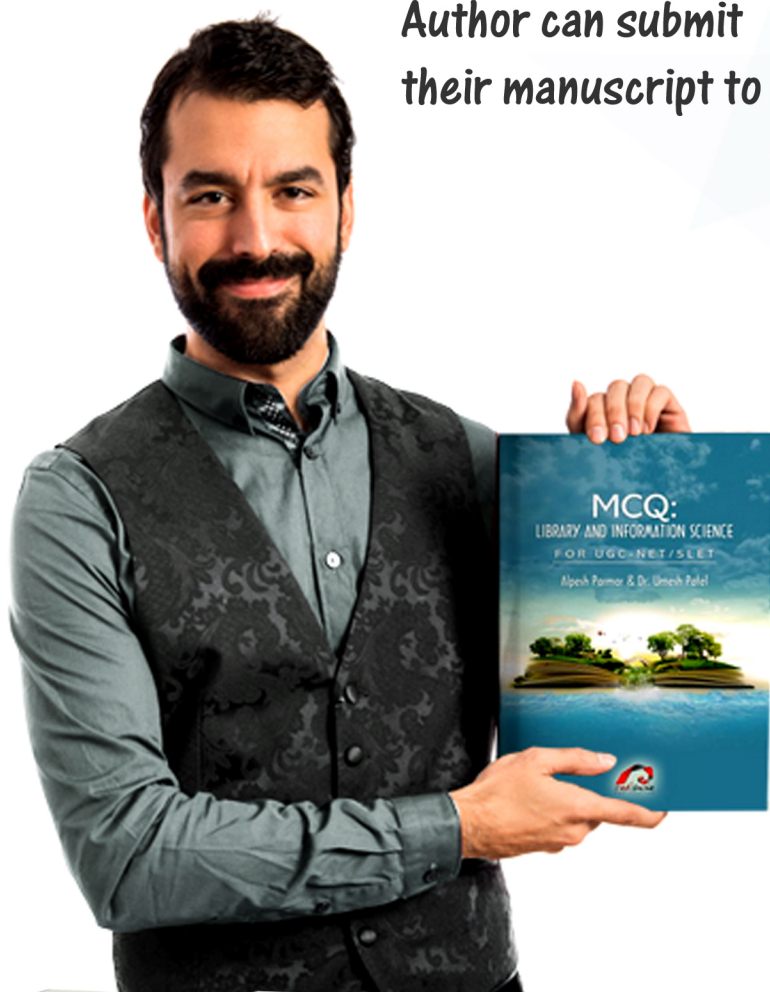
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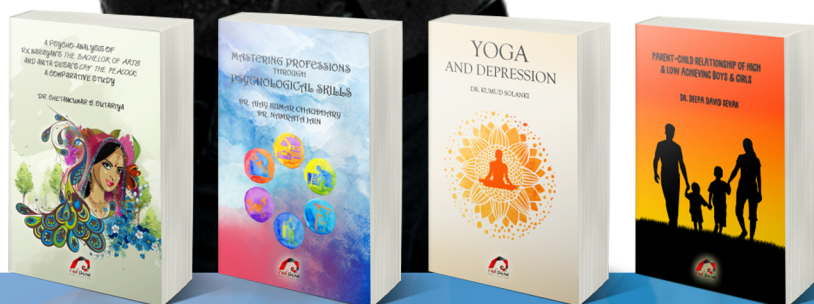
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